

HEADLINES

News from the Department of Psychiatry at Dalhousie University

FEATURE ► COVER STORY

Patient inspired research informs patient-centered care

The Mood and Metabolism Program



Dr. Ransom (right) from Endocrinology joins (L-R) Drs Calkin and Ruzickova as part of the Mood and Metabolism Team.

What does a psychiatrist do when she is referred patients with bipolar disorder (BD) who are resistant to treatment? These patients are sometimes stable for many years, only to suddenly develop a chronic course, with lack of response to any mood stabilizing treatment. **Dr. Cindy Calkin** did not set out to become a

researcher but found herself asking “What am I missing? What unknown factors led to this non-remitting course?” Dr. Calkin didn’t realize what an asset it would be to have a firm grounding in medicine when she entered the field of psychiatry. Having spent ten years as a family physician, she soon noticed that

BD patients had higher rates of metabolic syndrome compared to the general population, suggesting that metabolic dysregulation may be related to progression of BD. “I couldn’t help but think that I was missing something that was sitting right in front of me,” she recalls. That something turned out to be insulin

[Continued on page 3]

in this issue

1

mood & metabolism program

2

message from the head

4

research report

7

education report

10

child and adolescent report

11

report from the sun life chair

13

report from the dr. paul
janssen chair

14

report from CMH&A

16

report from the director of
finance and administration

18

news and announcements

22

meet a staff member

23

humanities corner

24

photo feature

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Message from the Head

We have lived through some extreme weather recently, causing much disruption to clinical and academic activity. As you will see in this edition, however, the productivity of the department has not been slowed.

Drs. Cindy Calkin and Martina Ruzickova have added a new dimension to clinical care of patients with mood disorders, attending to general medical concerns as well as expert care of their psychiatric condition. We welcome Dr. Tom Ransom's contribution to this worthy venture.

It feels like the end of an era, reading about **Dr. Doug Maynes'** plans for retirement in April. Doug has been a stalwart member of the department, and has served in many capacities over his career. He will be sorely missed by his colleagues and friends. On your behalf I wish Doug a happy and fulfilling retirement.

There is a short, but compelling tribute to **Dr. Josh Smalley**, PGY3, for his professionalism and dedication in helping to deal with a difficult clinical situation at the IWK. Well done, Josh and our sincere thanks.

We are approaching the end of the first year of our new AFP contract, and we continue to work with our partners, Doctors Nova Scotia, the Health Authorities, Dalhousie Faculty of Medicine, and the Department of Health and Wellness. We are expecting the first flow of new payments shortly. There will be a communication to all AFP physicians soon, which will layout in detail what to expect over the course of the four-year contract.

Carolyn Sisley has provided an overview of a major project which has been underway for almost 18 months.



Dr. Michael Teehan

The faculty database which is now nearing completion has the potential to make a significant change in the way the department runs its business. It will be a single source repository for much information that we now house in many different places. It will streamline and make fully electronic, the IPP process. It will give members of the department updated contact information on all of our colleagues, with access limited to department members. As Carolyn describes, it will allow for many paper based processes to be converted to being online. It has the potential to be adapted to needs of the department as we go forward, for data collection and reporting. Most importantly, it will allow us to collect the information necessary to report our deliverable to our partners in a timely and efficient way. I would like to congratulate Carolyn Sisley for guiding this complex project to fruition. It will make a lasting difference to the efficient running of the department.

And finally I would like to thank **Drs. David Gardner and Andrea Murphy** for their work on the Bloom program which was recently presented to federal and provincial political leaders.

mood and metabolism program *continued from page 1*

resistance (IR). There were no clinical recommendations at the time to test for IR, unlike screening for diabetes. Patients with IR have normal glucose levels, so one would never know IR was present, unless they went looking for it. In a cross-sectional study Dr. Calkin and her team found high rates of IR and type 2 diabetes (T2DM) in BD patients; triple that of the general population. More than half of all BD patients had IR/T2DM, and most of them didn't even know it. They then made the important discovery that comorbid IR or T2DM was associated with poor outcome in BD. Bipolar patients with IR or T2DM were three times more likely to have a chronic course of illness or rapid cycling and eight times less likely to respond to mood stabilizing treatment. Further, BD patients with IR had equally poor outcomes compared to those with T2DM, suggesting that it might be possible to intervene at the IR stage. Publication of these results immediately led to the recommendation for yearly screening for IR in BD patients. Further, based on this research, the Canadian Diabetes Association has included BD as an independent risk factor for developing T2DM.

Metabolic research in BD at Dalhousie University is not new. It began in 2001 when **Dr. Martina Ruzickova** joined **Dr. Martin Alda** for a clinical research fellowship in the Mood Disorders Program and helped establish research aimed at various aspects of metabolic comorbidity in BD. Dr. Ruzickova is a psychiatrist who also has a PhD in Neuroscience (with BD and diabetes being the subject of her thesis). She was one of the first researchers to systematically

study the rates of T2DM in patients with BD and found that these patients have poorer outcomes. Dr. Ruzickova helped set up a platform for research further studying metabolic dysregulation in BD. When Dr. Calkin joined the team, they studied obesity, a risk factor for T2DM, and found that BD patients with elevated body mass index (BMI) also had a more severe form of illness. Patients with a BMI in the healthy range achieved complete remission of symptoms on lithium, while those in the obese range failed to respond. This contributed to recommendations to monitor BMI and metabolic parameters in the national (CANMAT) guidelines for the treatment of BD.

Dr. Calkin and her team have also found that the effects of IR/T2DM on the brain may account for some of the adverse brain changes seen in patients with BD. They replicated earlier findings of cognitive impairment among patients with BD. These deficits, however, were only seen in patients with comorbid T2DM, and not in those with BD alone. Further, their neuroimaging studies were the first to show that adverse brain changes were likely related to comorbid impaired glucose metabolism rather than a result of BD itself.

Observations in clinical practice can provide clues to underlying possible disease processes. "We have observed the course of BD changing in many patients as they develop IR," says Dr. Calkin. Patients who initially responded to mood stabilizing treatment before they developed IR become non-responders, experiencing longer

duration and more frequent episodes – an accelerated course. Patients appear to revert to an earlier phase of BD from a later chronic/accelerated phase when IR is reversed, provided they are not yet diabetic. Once diabetic, BD appears to become more refractory to treatment, despite good glycemic control. Drs. Calkin and Ruzickova believe that IR and associated inflammatory and immune processes likely modify the course of BD and underlie neuroprogression – a more refractory, chronic form of BD, often associated with cognitive impairment. "It may be critical to intervene at the insulin resistant state, when reversing IR may still have some influence over the possible progression of bipolar illness."

The million-dollar question has become whether treating IR will improve outcome in BD. It is a novel concept to consider treating an underlying metabolic disorder in order to improve a psychiatric one. In 2014, Dr Calkin was awarded over \$1.2 million from the Stanley Medical Research Institute to systematically study this. She is the Principal Investigator and Sponsor for the *Treating insulin resistance as a strategy to improve outcome in Bipolar Disorder (TRIO-BD)* study, a randomized double-blind placebo-controlled trial of the efficacy of metformin in treating non-remitting bipolar depression (ClinicalTrials.gov identifier: NCT02519543). "We may find that IR needs to be screened for and treated in patients with BD, if they are to achieve remission."

"Our clinical practice informs our research which in turn, informs clinical care, from bedside to bench

and back again,” explains Dr. Calkin. In 2013 their discovery of the importance of IR on outcome in BD led to her establishing a unique multidisciplinary Mood and Metabolism (M&M) Program, which has both clinical and research components. The clinical program includes nursing, recreation therapy, nutrition, family practice and now endocrinology, with Dr. Tom Ransom joining their team. The M&M Program monitors bipolar patients with IR or T2DM quarterly, with metabolic and physical measures and mood rating scales. Patients keep daily mood ratings from which overall burden of illness can be determined. Dr. Ransom will be conducting regular clinics within the Mood Disorders clinic, optimizing treatment of metabolic syndrome, and minimizing risk for cardiovascular

disease, which is the leading cause of death in BD. While there is ample literature on psychiatric patients receiving sub-standard medical care, the M&M Program hopes to inspire a new model of collaborative patient-centered care with the aim of changing the trajectory of illness for these patients, who on average have 15 years shortened life expectancy. “We are bringing the care that is needed to the patients; those with the greatest burden of illness,” explains Dr. Calkin. Patients are highly engaged in the M&M Program, often reporting weight loss, healthier eating patterns and daily exercise. Patients report not only feeling better physically, but also feeling better mentally. “The addition of Dr. Ransom to the M&M team is very exciting,” says Dr. Calkin. “We don’t know of any other programs in Canada, where

endocrinology works so closely with psychiatry in this collaborative way.”

One of the main benefits of the M&M Research Program is that it translates so readily into clinical practice. Drs. Calkin and Ruzickova have established multidisciplinary/international research collaborations that include health physics, neuroradiology, neurophysiology, endocrinology and medical neuroscience. Dr. Calkin believes that collaboration with other specialties is the way of the future for both clinical care and research. “We need to remember that we are treating the whole patient and not just a single organ system. It sounds simple, but it is important to consider how one organ system affects another. We can’t continue to work completely in silos, as we have been, if we hope to get patients completely well.”

Research Report

BY ANNETTE COSSAR, ADMINISTRATOR, EDUCATION & RESEARCH

meet a researcher: dr. derek fisher

This issue profiles Dalhousie psychologist and researcher **Dr. Derek Fisher**. *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 **Jen Brown** at Jen.Brown@nshealth.ca.

My current research interests: My primary research interest could be characterized as asking how the brain works and under what circumstances that changes, whether it be the introduction of a psychoactive drug or the onset of psychiatric illness. While I’m interested in how these affect observable behaviour, ultimately, for me, it all comes back to the firing of neurons in the brain (and the neurophysiological measurement of this activity).

Research projects I’m currently participating in: I currently have four main projects as Primary Investigator, all using EEG-derived event-related potentials as the primary endpoints. We are currently wrapping up data collection on a project examining the influence of refractory auditory hallucinations on pre-attentive brain function in early psychosis patients. This follows up on previous work I conducted in Ottawa that reported significant differences in chronic

schizophrenia patients with auditory hallucinations compared to those without.

A typical “Day in My Work Life:”

As I’m primarily based in the Department of Psychology at Mount Saint Vincent University, there is a significant teaching component to my work, so what is ‘typical’ depends on if it is a teaching day or not. For example, on Tuesdays this semester I typically arrive at work around 8:00

am, catch up on email and have student appointments until 10:15 am or so, and then teach from 10:30 am-4:15 pm continuously. Conversely, on Wednesdays my day will often start by heading to BIOTIC's Neuroimaging Research Lab at the QEII to help with EEG hookup and supervise the recording session, before heading to my office to work on writing a grant or manuscript, handling manuscripts as associate editor for the journal *Clinical EEG & Neuroscience*, or grading assignments. Where there is some consistency in the work week is that my wife (who works at the Mount as well) and I will typically leave to pick up our kids between 4:00-4:30 pm, then we will all have dinner and spend time together until 7:00 pm, when the kids go to bed (after multiple story books, of course) and I go back to work on whatever is left over from the day's duties until somewhere between 10:00 pm and midnight.

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

That research funds don't grow on trees. For whatever reason, I was under the impression that all research was funded from an unlimited Scrooge McDuck pool of research monies. Obviously, this is pretty far from the truth. I don't think it would have changed my career trajectory, but I might have started working on my "grantsmanship" a little earlier.

The most satisfying and frustrating aspects of doing research:

One of the most satisfying aspects of doing research is contributing to our scientific understanding of the world. Whenever I see my work cited, I find it incredibly validating and it gives me a true sense that all the painstaking



Dr. Derek Fisher

hours advanced what we know about the brain, albeit incrementally. The other most satisfying aspect is working with research trainees. Seeing a student work towards and achieve a research milestone, whether it is learning a new technique or handing in a research thesis, it is incredibly gratifying. Some of these trainees will go on to make their own discoveries as Primary Investigators and it gives me great joy to have contributed in some small way to their journey. Definitely the most frustrating is that there simply

aren't enough hours in the day to tackle all the research projects that interest me. At this rate, I'll be lucky to have answered one per cent of the research questions I have by the end of my career.

The experience that best prepared me for my position:

As a graduate student, I worked at the clinical sleep lab at the Royal Ottawa Mental Health Centre to pay tuition and otherwise support myself. Apart from preparing me for long nights and working on little sleep (which also prepared me for parenthood), this work shaped

the way I interact with patients and other research participants and reinforced the importance of making people as comfortable as possible when placed in strange environments and respecting their experience. Additionally, needing to work my way through grad school reinforced that the greater the effort required to achieve a goal, the more satisfying it is when you finally reach it.

My research mentor: I have been lucky enough to have had three significant research mentors. First and foremost is Dr. Verner Knott within the Institute of Mental Health Research at the Royal Ottawa Mental Health Centre. Verner was my honours thesis and graduate school supervisor from 2002 until 2012. It was my work with Verner that sparked my love of research in cognitive neuroscience and psychopharmacology, and laid the foundation for my current career. Furthermore, apart from being a

brilliant scientist who modeled how hard work is integral to success in research, he is an uncommonly kind man. In what can be a competitive world, he showed me that you can be collegial and generous and still be successful. The second of my mentors is Dr. Dean Salisbury at the University of Pittsburgh. Despite a lack of geographic connection, Dean has kindly collaborated with me on research projects and contributed to my knowledge of the neuroscience of schizophrenia and psychosis. His greatest contribution to my scientific development however, has been incorporating me into the work of the EEG & Clinical Neuroscience Society and its journal, *Clinical EEG & Neuroscience*. As a result of his efforts, I have gained a great deal of experience regarding the operations of scientific societies and academic journals and made important international research connections. He truly has shaped

my career in very important ways. Finally, **Dr. Phil Tibbo** (Department of Psychiatry and director of the Nova Scotia Early Psychosis Program) has provided invaluable mentorship to me over the past five and a half years. He has been an amazing source of knowledge and support as I built my lab in Halifax, acting as an early collaborator and working with me to refine my skills in research design and grant writing. I can honestly say that I owe him a large debt of gratitude for any research funding success I have had and I greatly look forward to continued collaboration in the future.

My second career choice: For a time I was planning on going into medicine, ideally cardiology or cardiac surgery and even went so far as to write the MCAT. However, once I started my fourth year undergraduate research project, I gave up on that and have never looked back.

mark your calendars! department of psychiatry research day 2017

This year's event is scheduled for Friday, Nov. 10 at the Lord Nelson Hotel. Now in its 27th year, Psychiatry Research Day promotes student involvement in research and showcases the department's diverse expertise to our university and local communities. This year we will be giving presentation awards for undergraduate, graduate, resident, junior faculty/post doctoral fellow and psychiatry staff member.

We are pleased to announce that the keynote speaker will be Dr. Roy Perlis.

Dr. Roy Perlis is staff psychiatrist for the Massachusetts General Hospital Bipolar Research Program and the Depression Clinical Research Program in Boston. In addition, he is a psychiatry instructor at Harvard Medical School in Boston.

Dr. Perlis earned his undergraduate degree at Brown University in Providence, Rhode Island, and his MD at Harvard Medical School. After graduating, he completed his residency in adult psychiatry at Massachusetts General Hospital and McLean Hospital in

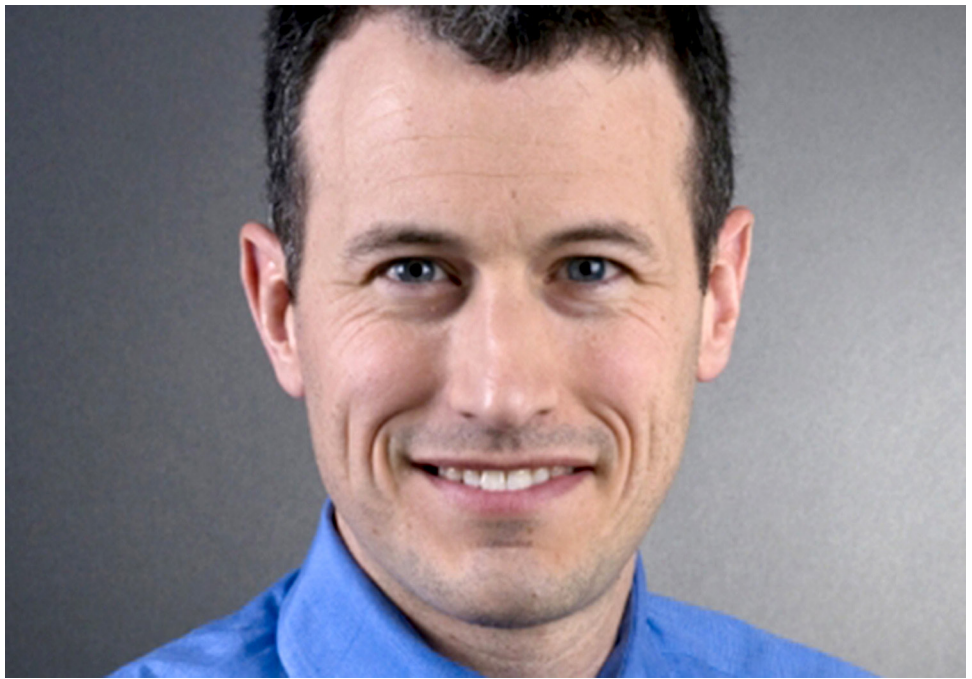
Belmont, Massachusetts, where he was designated chief resident in psychopharmacology. His fellowship also was conducted at Massachusetts General Hospital.

Dr. Perlis' research interests include pharmacogenetics and predictors of treatment response in mood disorders. He has authored articles, book chapters, and reviews concerning topics in his field. His articles are published in prestigious scientific journals, such as *American Journal of Psychiatry* and *Journal of Clinical Psychopharmacology*.

The APA Bipolar Guidelines are co-authored by Dr. Perlis. Dr. Perlis is the recipient of the National Alliance for Research on Schizophrenia Award, the American Philosophical Society Award, and the New Clinical Drug Evaluation Unit Award sponsored by the National Institute of Mental Health.

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 2017, please contact **Jennifer Brown** at jen.brown@dal.ca



Research Day keynote speaker Dr. Roy Perlis.

Education Report

BY **ANNETTE COSSAR**, ADMINISTRATOR, EDUCATION & RESEARCH

undergraduate news

We would like to welcome **Dr. Alice Aylott** to her new role as Psychiatry Component Head, Skilled Clinician, effective Jan. 1, 2017. Congratulations to Dr. Aylott! We very much look forward to having her in our undergraduate education program. We would like to thank **Dr. Allan Abbass** for his support and leadership over the many years he held the post.

To help promote psychiatry as a career, the Psychiatry Interest Group held a career night in January. This event was well attended by faculty members and students and provided an opportunity for students to learn

about our specialty and life as a psychiatrist.

Each year we see an increased interest from Dalhousie students for a career in psychiatry, with this year having the highest number to apply for Dalhousie Psychiatry for residency, 14 in total! This continued increase is attributed to our faculty for providing our students with a good learning experience, positive environment, and mentoring and encouraging students with an aptitude and/or interest in psychiatry. Thank you for all that you do!

The Dalhousie medical school's

accreditation took place the end of February. We hope to have further information about the outcome in the next issue of Headlines.

The Canadian Organization of Undergraduate Psychiatric Educators (COUPE) annual "Best Paper Award for Medical Students" contest is currently open. It is designed to recognize a student in undergraduate medical training who demonstrates an enhanced level of understanding and interest in mental health. The winner will receive \$250.00, travel expenses paid to attend the fall CPA meeting (up to a value of \$750.00), as well as an engraved plaque from

COUPE. Submission deadline is March 31, 2017.

The 2017/18 undergraduate teaching recruitment has begun. There are

plenty of options to choose from. If there is an activity you are interested in teaching or would like more information about, please get in touch with **Mandy Esliger**, undergraduate

coordinator at mandy.esliger@nshealth.ca. It is recommended to make your choices early to avoid disappointment.

postgraduate news

The postgraduate program has begun planning the 2017 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.

The postgraduate curriculum subcommittee will soon start planning the formal curriculum for the 2017-2018 academic year. It is anticipated

that some minor adjustments will be made to the curriculum based on resident feedback and updated Royal College standards. Once a draft has been produced, requests will be sent to faculty as soon as possible with specific dates for teaching. Thank you to all faculty who facilitated resident teaching sessions in 2016-2017 – your teaching is greatly appreciated!

A big thank you to everyone that participated in this year's CaRMS

events. A total of 88 candidates were interviewed over four days, which is a record for the program. Thanks to the efforts of our administrative staff, residents, and faculty, each day ran very smoothly and clearly demonstrated the strengths of our program. Match Day is March 1, 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.

masters of science in psychiatry research news

The newly developed M.Sc. in Psychiatry Research has been approved and our first cohort will be starting in September 2017. The deadline for applications was January 15 and we received a large number of exceptional applicants. We sent letters of offer to five excellent students who have until March 15 to accept.

The M.Sc. program has its origins in **Dr. Stan Kutcher's** interest (during his time as department chair) in having an in-house method to train residents for careers in psychiatry research. The current program is not restricted to residents, but rather, all

students with a Bachelor (honours) degree in a related field who wish to gain knowledge of current issues in psychiatry research are eligible. The program is a two-year, thesis-based degree where students work one-on-one with a mentor on a research project, take courses that are specific to the program and to their research area and write/defend a Master's thesis. A stipend is guaranteed for incoming students for two years, part of which is paid for by the supervisor, the other by the department. Students are encouraged to apply for all studentship funding for which they are entitled.

The call for instructors for the lectures included in our core courses is currently being sent out to faculty in the department. Anyone needing more information regarding the teaching schedule and topics is encouraged to contact **Dr. Kim Good** (kim.good@dal.ca), **Dr. Sherry Stewart** (sherry.stewart@dal.ca), or **Jen Brown** (Jen.Brown@dal.ca).

With the support we've been given, we anticipate being able to offer a fantastic program!

continuing education news

XXVIII W. O. MCCORMICK ACADEMIC DAY MAY 5, 2017

TO REGISTER VISIT: <https://register.esourceevent.com/AcademicDay2017>

As registration for the XXVIII W.O. McCormick Academic Day on Friday, May 5, 2017 at the Marriott Harbourfront Hotel in Halifax is limited to 250 participants and we are expecting another sold out conference, register early to avoid disappointment. Registration is provided by eSource Event and is only available online. There will not be any onsite conference registration available. All registration details are provided on the registration page.

The program has been finalized and the theme is "Diversity in Mental Health."

This is certain to be another outstanding Academic Day with presentations on a wide range of topics from both internationally and locally recognized experts in their fields.

Invited Keynote Speakers:

Laurence Kirmayer MD, FRCPC, FCAHS, FRSC
James McGill Professor, director, Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University
Topic: "Transcultural Psychiatry"

Gail Knudson MD, MPE, FRCPC
Clinical associate professor, Department of Psychiatry, University of British Columbia, consultant psychiatrist, Vancouver Coastal Health and Provincial Health Services Authority, chair, BC Trans Clinical Care Group

Topic: "Transgender Mental Health"

Invited Local Speakers:

Amy Bombay MA, PhD
Assistant professor, School of Nursing, Department of Psychiatry, Dalhousie University
Topic: "Indigenous Mental Health"

David Gardner, PharmD, MSc
Professor, Department of Psychiatry, College of Pharmacy, Dalhousie University
Topic: "The Impact of Differences in Age, Gender and Physical Health on the Use of Psychotropic Medications in Clinical Practice"

Carolyn Thomson MD, CCFP, FCFP
Professional Support Program coordinator, Doctors Nova Scotia
Topic: "Resilience"

Ingrid Waldron, Ph.D.
Associate professor, School of Nursing, Faculty of Health Professions, Dalhousie University
Topic: "Troubled Waters: The psychological impact of environmental racism in African Nova Scotian communities."

RECENT HIGHLIGHTS

CPD/Faculty Development Workshop

On January 6, **Dr. Heather Milliken** facilitated a two-hour workshop on the topic "Updates to the RCPSC MOC program & the RCPSC "Competence by Design" initiative: What you need to know!" The workshop was well received by the 25 faculty who participated and used an audience response system to stimulate discussion and provide feedback.

University Rounds

On January 18, Dr. Gary Remington MD, PhD, FRCPC, professor of psychiatry at the University of Toronto, chief, CAMH Schizophrenia Division and senior scientist, Campbell Family Mental Health Research Institute, presented on the topic "100 Things I have Learned About Schizophrenia."



Dr. Gary Remington

On February 15, Dr. David Robinson MD, FRCPC, Canadian Mental Health Association, London, Ontario, presented on the topic "Diabetes and Mental Health."



Dr. David Robinson

UPCOMING CONTINUING EDUCATION EVENTS

University Rounds

- March 15 Dr. Nassir Ghaemi, Tufts University
Title: TBA
- April 19 Dr. Thomas Trappenberg, Dalhousie University
Title: "Computational Neuroscience"

Clinical Academic Rounds

- March 8 Margie Crown, BScN, RN, MA. Early Psychosis Program
Title: "The Because Your Mind Matters Project: Education About Psychosis on Campus"
- March 22 Mary Hewitt, M.Ed., MSW, RSW; Lori Lake, MSW, RSW; Gregg Lambert, MSW, RSW
Title: "Social Work: A Generalized or Specialized Practice?"
- March 29 NEW! Joint Psychiatry | Neurology Rounds
Dr. Celia Robichaud (PGY 4 Psychiatry) & Dr. Ben Whatley (PGY 4 Neurology)

April 5 Dr. Mark Gilbert, Postdoctoral Fellow, HEALS Program:

April 26 Addictions Services

Child & Adolescent Psychiatry Clinical Academic Rounds

- March 1 **Dr. Anita Hickey**
Title: "Attachment Theory: From Neuroscience to Clinical Practice"
- April 12 **Dr. Celia Robichaud & Dr. Lukas Propper**
Title: "A Challenging Transition: Managing Young Adults with Autism Spectrum Disorder"
- May 3 **Dr. Jose Mejia & Dr. Penny Corkum**
Title: Sleep Disorders and Forensic Psychiatry"

REMINDER

With the consent of the presenters, PDF copies of the 2016-2017 University Rounds, Clinical Academic Rounds and Child and Adolescent Psychiatry Rounds slides are posted at www.psych.dal.ca.

Child and Adolescent Psychiatry

BY MICHELLE LEBLANC, CHILD AND ADOLESCENT PSYCHIATRY ADMINISTRATIVE MANAGER

IWK APRIL 2017 FACULTY RETREAT

The Division of Child and Adolescent Psychiatry will be hosting its bi-annual faculty retreat on Friday, April 7, 2017 at University Hall on Dalhousie's Studley campus. This retreat is open to child and adolescent psychiatrists from the IWK and across the province. The topics for this spring's retreat are: Metabolic side effects of atypical antipsychotics in youth (Dr. Nadine Halawa, clinical pharmacy specialist), and Supervising PGY5

and PGY6 Subspecialty Residents (**Dr. David Lovas**, child and adolescent psychiatry subspecialty program director).

KUDOS FOR DR. JOSHUA SMALLEY

We would like to extend our sincere congratulations and thanks to **Dr. Joshua Smalley**. Dr. Smalley received an IWK Kudos award from the Emergency Mental Health and Addictions Services (EMHAS) team: "The EMHAS team would like to

thank you for the work ethic that you display while working in the Emergency Department. February 2nd you picked up a last minute on-call shift and it was not an easy one. It did not go unnoticed how hard you were working, your willingness to be a support and confront difficult situations head on. We are lucky to have you as a part of our team."

Report from the Sun Life Financial Chair in Adolescent Mental Health

DR. STAN KUTCHER, SUN LIFE FINANCIAL CHAIR IN ADOLESCENT MENTAL HEALTH

ten years of the sun life financial chair in adolescent mental health

This year marks the tenth anniversary of the Sun Life Financial Chair in Adolescent Mental Health. Over the past decade **Dr. Stan Kutcher** and his team have achieved monumental accomplishments while creating global awareness about the importance of youth mental health.

In February, the team revealed its ten year report on their website (<http://teenmentalhealth.org/10-years/>). The report showcases projects, collaborations, awards and some of the results the Chair has achieved in its ten year journey. The global impact is undeniable. With over 240 lectures worldwide, more than 125 publications and well over \$10 million in funding support, the Chair has established itself as a global leader in adolescent mental health. Testimonials from healthcare professionals and those in the education sector all praise Dr. Kutcher's work ethic and the advances he has made in his time as Chair. In addition, some of the most innovative work, such as the *Mental Health and High School Curriculum Guide*, The Academy in School Mental Health, The African Youth Depression Training Program and numerous resources such as *Transitions* and the *Family Pack*, geared towards youth, parents, educators and healthcare providers are highlighted. The Chair's mission, "Giving you the knowledge,



Cover photo of the Chair's 10 year report

understanding and tools to improve mental health care for youth" remains the guiding vision of the Chair's activities.

The work of the Chair has been guided over these last 10 years by the *Pathway Through Care* model, recently made widely available at <http://teenmentalhealth.org/pathwaythroughcare/>. Its four key pillars are also highlighted in the report. It is an approach that is driven by frugal innovation, strengthening existing youth serving systems and the use of solid research evidence

to support a horizontally integrated approach that seeks to avoid existing silo thinking and focuses on what is needed to enhance mental health outcomes for young people and their families. It brings together key youth developing institutions of education and health, and includes the voice of young people, parents, educators, health care providers and the community.

In addition to the positive results of this work, Dr. Kutcher has strived to make the Chair team a place where mentorship is an integral element of

Work hard. Have fun. Try to make the world a better place.



Mentorship poster for the Sun Life Financial Chair in Adolescent Mental Health

the work being done. The Chair has always been a launch pad for young, hard working professionals to learn new skills and apply them towards achieving solid, real world outcomes. Building on their experience as members of the Chair team, over 30 young people have gone on to pursue higher education and various health-

related careers. They report that the Chair motto: "Work hard. Have fun. Try to make the world a better place," continues to resonate with them.

Although the originally scheduled time for this celebration was postponed because of inclement winter weather, the *Pathway Through Care* model

and various other resources created in the past ten years will be on display at the Sun Life Financial Chair in Adolescent Mental Health's ten year event rescheduled to take place this spring in Halifax. Stay tuned for further details on the date and location in the coming weeks.

Report from the Dr. Paul Janssen Chair in Psychotic Disorders

BY DR. PHIL TIBBO, DR. PAUL JANSSEN CHAIR IN PSYCHOTIC DISORDERS

creation of clinical tools for early phase psychosis

The mission of the Canadian Consortium for Early Intervention in Psychosis (CCEIP) is to enhance optimum care for Canadians in the early phase of psychosis through improved service models and the generation and translation of knowledge. The CCEIP has recently created clinical tools that address three gaps in early phase psychosis care: relapse risk assessment, monitoring of antipsychotic side effects, and decision support for selection of antipsychotics.

While relapse is considered an almost inevitable event in the course of psychotic disorders, it does have enormous consequences for the patient, his/her family, and society. Importantly, relapse rates can be minimized. The CCEIP Relapse Risk Assessment in Early Phase Psychosis questionnaire is an evidence-based tool developed for the prediction of relapse in early psychosis that currently has a

clinician version undergoing validity testing, with a caregiver version being under development. This work is funded in part by the Schizophrenia Society of Canada.

Physicians today are faced with the critical issue on how to find the best antipsychotic match for a given person at a particular moment along the early phase psychosis clinical trajectory. The CCEIP Decision-Support Tool, developed from algorithm research, will assist clinicians in evaluating treatment options based on individual patient factors. This decision-support tool is also integrated into a clinical order set developed for the electronic medical record.

Successful antipsychotic treatment can be complicated by both metabolic and motor side effects. Clinicians as a whole are not as vigilant at monitoring metabolic side effects as is recommended by practice guidelines.

The CCEIP Antipsychotic Side Effect Monitoring tool assists clinicians in the screening for and monitoring of both metabolic and motor side effects of antipsychotics.

These tools have been presented at recent conferences of the Canadian Psychiatric Association, as well as the International Early Psychosis Association, with an invited pre-conference workshop dedicated to the tools at the upcoming Early Psychosis Intervention Ontario Network (EPION) conference in May 2017.

As President of CCEIP, The Janssen Chair has played a significant role in the development and dissemination of these clinical tools. Information on the tools can be accessed on the CCEIP website (www.epicanada.org).

Report from Community Mental Health and Addictions

BY DR. SONIA CHEHIL, DEPUTY CLINICAL DIRECTOR, COMMUNITY MENTAL HEALTH

interview with a CMH&A physician: dr. doug maynes

How long have you been with the Department of Psychiatry? I have been on staff with the Department of Psychiatry since 1985 after I finished residency here at Dalhousie. I began working as a psychiatrist on the inpatient service at the Nova Scotia Hospital where I worked for about six years before transferring to the outpatient service, which was called the Dartmouth Mental Health Centre at that time. I worked there for about three years and then I transferred to the Abbie J Lane outpatient department in 1994. While there I worked with numerous psychiatrists including **Drs. Michael Teehan, Ed Gordon, David Whitby, Tom MacKay, Kim White**, to name a few. About ten years ago the outpatient department moved to our Bayers location and I have been here ever since working as a community psychiatrist.

Prior to Dalhousie, where did your career take you? I grew up in New Brunswick and later attended Saint Francis Xavier University. I graduated from Dalhousie Medical School in 1972 and have been a physician for forty five years.

Was psychiatry always your passion? No, initially I was interested in family medicine. I started medical school in the 1960s and was taught by the original members of the Department of Psychiatry, including Dr. R.O. Jones, the founding member



Dr. Doug Maynes

of the department, as well as Drs. Charles David, Ken Wall, Sol and Doris Hirsch, Fraser Nicholson,

Patrick Flynn and David Whitby. They were great teachers and that was when I first became interested

in psychiatry. I wanted to try family medicine first however, and I worked as a family doctor for nine years before going into residency in psychiatry. I later got a certificate in family medicine and taught family medicine residents for a few years while I was a family doctor, which I enjoyed. I became more interested in psychiatry while working as a family doctor, as so many of my patients had a psychological/psychiatric problem. At the time I started residency there was only one other resident starting with me, Dr. Max Michalon, as the number of residents in the program at that time was very small.

What are some of the biggest changes you have seen over your time here? What has gotten better? What has gotten worse?

There have been significant changes over the years including deinstitutionalization, which I think overall has been a real benefit to our patients, as it has helped to integrate them more into the community. There have been advances in psychopharmacology, but with that I think there has been an overemphasis on the biological approach at the expense of the biopsychosocial/spiritual approach. The idea of person centered therapy is most applicable to the patients we treat. Other changes in community psychiatry include the merging of addictions with mental health, which is long overdue, but challenging. It seems the more service we provide; the more there is a demand for our service.

There remain problems in the system. Unfortunately collaborative care has not been working very well for various reasons. There is a scarcity of family doctors who are available

to work with, and other mental health disciplines are very busy with CAPA, so that relapse prevention has become more challenging. Another problem is that the mental health system remains underfunded and I don't think this has improved much over the years, as is evident by the needs expressed by our patients (e.g. housing, vocational rehabilitation etc.), and there needs to be more advocacy.

What has been the biggest challenge you have faced? What has been the most rewarding? The most challenging time was working as the Clinical Academic Leader at the Bayers Road Clinic and trying to keep things organized in spite of difficulties which were occurring at the time. The most rewarding aspect over the years was knowing that although you weren't curing very many patients you were indeed helping to reduce their suffering and helping them to get through life and remain stable and out of hospital. It was also quite rewarding to have the privilege of teaching many psychiatry residents over the years as well as family medicine residents and medical students.

What will you miss most? I will miss many of my patients, as I have been following them for quite a while, the longest being a man who I treated off and on for over 32 years! You get to form friendships with your patients when you follow them for this long and I did enjoy that. I will also miss the staff at Bayers Road, who were all great people to work with, as well as the psychiatrists there **Drs. Kim White, Mirek Bilski, Sonia Chehil and Deb Parker**. I also had the pleasure of working with other members of the Department of

Psychiatry over the many years.

What wisdom/advice would you give to the new generation of psychiatrists coming through?

The advice I would give the younger generation of psychiatrists is that they try to be involved in decisions that affect their practice wherever they are working. It is very important that they define their role as a psychiatrist and consultant to the treatment team. I also believe it is important for psychiatrists to give priority to treating the seriously mentally ill. A recent study in Ontario showed that some psychiatrists have opted to treating smaller numbers of the less seriously mentally ill, which in view of our very limited resources, is not a good idea.

What's next for you? My wife Jane and I will be travelling to visit our children and grandchildren who are in Western Canada and the USA. We will be travelling more after that and I may get involved in some community work. In addition, I plan on enjoying my hobbies growing moth and cymbidium orchids, as well as continuing to take piano lessons and even attend a few Boston Red Sox baseball games! I may do some locum work later as I think it is important to remain active even if you do retire.

Report from the Director of Finance and Administration

BY CAROLYN SISLEY, DIRECTOR OF FINANCE AND ADMINISTRATION

new faculty database for the department

In April we will be launching a new web-based faculty database that will simplify many of our processes, while providing an information centre for faculty and staff. The primary purpose of establishing this password protected system is to gather information for our deliverables reporting. As our AFP has grown, so have our deliverables and our need to have accurate and timely information to report to our stakeholders. The information that will be gathered directly from faculty, and also from staff, will give us the basis of our deliverables requirements in a single location. It will allow us to run reports, consolidate information, and quantify and document our accomplishments as individual faculty members and as a department.

But that is just the start.

Many faculty will recall that we had requested copies of your CV a year ago. The database is centred on a CV format and each faculty member has a profile that includes all their CV information, and more. Categories include degrees, credentials, academic work experience, clinical work experience, teaching activities, invited presentations, research activities, and administrative activities. You will be able to update your profile information throughout the year as activity occurs, or annually through your Individual

Practice Profile (IPP). You will then be able to generate reports that include all your CV information or only pieces you choose. Reports can also be generated in Word or Excel format for easy editing. This provides each faculty member with an easy method of maintaining their CV and recording their academic and clinical achievements.

Your IPP will now be submitted through the database and is linked to the categories in *Your Profile*. This provides an annual opportunity to update your activity data which is then used in our deliverables reporting. Your first experience with the new database is likely to be through the completion of your 2017-18 IPP which is very similar to the previous system used for the annual IPP process. There will be plenty of assistance provided by staff for anyone working through their IPP for the first time.

The system will also be a departmental communications hub.

- The home page will provide a calendar of department upcoming events including all teaching activity.
- A weekly notice digest will go out to faculty which will replace TWIP, indicating what is happening in the department in a given timeframe.
- Department publications will be

available including past copies of *Headlines* and annual reports.

- A department contact list will be online listing all faculty members, residents, fellows, and staff with primary work telephone numbers and email addresses.
- Department committees will be listed with membership and terms of reference. Members of those committees will be able to access agendas and minutes, which will also be archived.
- New faculty orientation information will be available online.
- Policies and procedures will be posted including practice plan details and AFP contract information.
- Research information on events, grant applications, forms, and contacts will be provided.
- Education information including rounds, teaching schedules, examination schedules, and various program details.
- Online forms will be included to permit completion and submission for FTE changes, clinical assignment changes, and faculty development applications. (More to come later).

The new system is going to change some of our administrative processes, by simplifying and streamlining them.

Home People Your Profile Committees Research Education Policies Forms IPP Site Admin

DALHOUSIE UNIVERSITY
Department of Psychiatry

Welcome to the Department of Psychiatry's database and intranet! This system will be used to house, track, and capture faculty and deliverables information for reporting purposes. This is going to significantly increase our ability to generate the reports required under the AFP and to track our academic accomplishments. As you navigate the site you will find you have the ability to, among other things,

- Submit attendance surveys for Rounds or other MOC activities
- access calendars of department activity
- access contact lists
- access department committee agendas, minutes, and documents if you are a committee member
- review upcoming department events
- review department policies
- complete and view your IPP
- export your own CV into Word or Excel for customization

We encourage you to log in each day to see what's new and update your own information to ensure accuracy. To submit questions about the system please visit the [profile homepage](#).

Upcoming Events

(Child And Adolescent Faculty Committee) Meeting - 8:30am, February 27, 2017

Child & Adolescent Psychiatry, Dr. Anita Hickey, Rm 4074, Abbie J. Ln. Bldg., Halifax - 8:30am, March 1, 2017

(Child And Adolescent Executive Committee) Meeting - 2:00pm, March 1, 2017

Education Management Team Meeting - 2:00am, March 6, 2017

Research Committee - 12:00pm, March 7, 2017

Calendar

March 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

The new Department of Psychiatry database welcome page.

It will provide our staff with faculty information at their desktop and replace many of our paper systems.

Important points to note:

- All information will be password protected and each faculty member will only be able to see their own data.
- The system will be available to AFP faculty, PhD researchers with a primary appointment in psychiatry, and to a limited extent, residents and fellows. Remember – the primary purpose is to gather our deliverables information and it is these faculty members who contribute to our deliverables.
- The system acts as a department intranet.
- Faculty can update their activity information throughout the year as it occurs and generate reports.
- Mandatory updating will occur through the completion of the annual IPP process. The information generated through the IPP will be

used for your annual meeting with the department head.

- There will be plenty of assistance to help faculty make the transition to the new system.

What the new database does not do:

- It will not replace Common CV. This is a required system by some granting agencies and cannot be linked to our database (we tried!)
- It will not replace One45 for the activity that is required by PGME or UGME. Some current uses of One45 which are not required by the Faculty of Medicine will be moved to the new department database.
- It will not replace Practimax for shadow billing or activity reporting. This is a required system approved by MSI.
- It will not replace our financial systems, Quickbooks, or the payroll processes.

When we are ready to launch, each faculty member will receive an email with their username

and password. We will also be providing demonstrations across the department at various meetings, and to groups that wish to have one. If you would like a demonstration in your clinical area, email **Carolyn Sisley** at Carolyn.Sisley@nshealth.ca to arrange a date. There will also be online assistance.

Thanks to the Department of Anesthesia who developed the prototype that we have revised to make psychiatry specific. Anesthesia has shared their system without charge to psychiatry or other clinical departments at Dalhousie, and we are grateful.

NEWS & ANNOUNCEMENTS

news from the department

DEPARTMENT PRESENTED WITH GIFT FROM THE CANADIAN MENTAL HEALTH ASSOCIATION



The Halifax-Dartmouth Branch of the Canadian Mental Health Association have presented the Department of Psychiatry with a painting by artist Jude Caborn, a well-known Nova Scotian artist who has won awards in both the US and Canada. The gift was in recognition of their support of the 18th annual Mosaic Art Exhibition and Sale Journey held in October 2016. The event ran from

October 13 to October 30 at the Craig Gallery and artists donated their work with all proceeds going to support the vision and social programs of CMHA Halifax-Dartmouth. For more on Jude's work please visit: <http://www.judecaborn.ca/index.html>. Thank you to CMHA Halifax-Dartmouth for their kind gift.

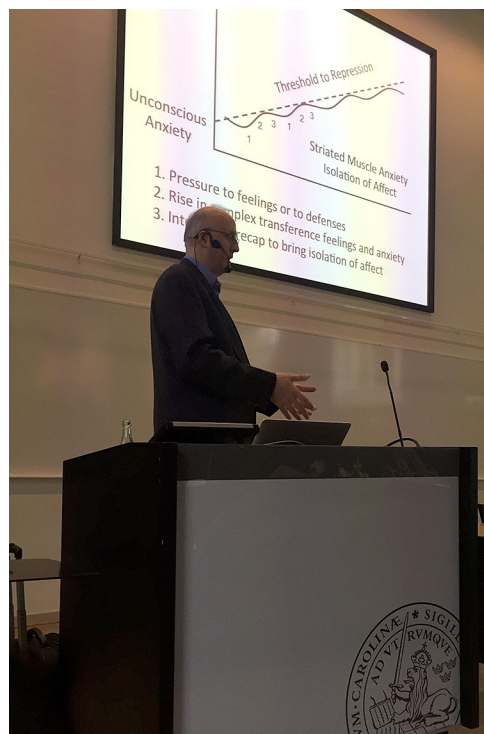
SHORT TERM DYNAMIC PSYCHOTHERAPY TRAINING

Dr. Allan Abbass continues to be widely sought out for training in Intensive Short Term Dynamic Psychotherapy (ISTDP). In January he provided recurrent training programs in Switzerland and Denmark and gave heavily attended workshops at the University of

Lund in Sweden. Governments, especially in Scandinavia and UK, are implementing ISTDP because of its efficiency and cost effectiveness as demonstrated by Dalhousie-led and supported international research taking place in 10 countries.



Danish Training Group at Dr Allan Abbass' 3rd Danish Immersion in Intensive Short-term Dynamic Psychotherapy.



Dr .Allan Abbass at University of Lund, Sweden.

DRS. ANDREA MURPHY AND DAVID GARDNER MEET WITH FEDERAL MINISTER OF HEALTH TO DISCUSS THE BLOOM PROGRAM

The federal Minister of Health, the Honourable Dr. Jane Philpott, traveled across Canada visiting provinces and territories to learn of innovations in mental health care and home care. On Friday, Jan. 20, Dr. Philpott met with **Drs. Andrea Murphy** and **David Gardner** of Dalhousie University's College of Pharmacy and Department of Psychiatry to learn about the Bloom Program, the mental health and addictions community pharmacy partnership program of Nova Scotia.

Nova Scotia's Minister of Health, Mr. Leo Glavine, the province's new Deputy Minister of Health, Denise Perret, and MP Darren Fisher (Dartmouth - Cole Harbour) also participated in the meeting.

Drs. Murphy and Gardner provided the officials with an overview of the Bloom Program and recent findings from the evaluation. The question and answer period was lively and Dr. Gardner noted they had very encouraging feedback about the

program and great questions that showed their interest in the mental health and addictions roles of community pharmacists. He hopes this could lead to a consideration of their proposal to gradually expand the Bloom Program so that it is available more widely to Nova Scotians.

For more information about the Bloom Program in Nova Scotia, visit <http://bloomprogram.ca> or contact andrea.murphy@dal.ca and david.gardner@dal.ca



(L-R): Caroline Pitfield, Andrea Murphy, David Gardner, Jane Philpott, Leo Glavine, Darren Fisher, Denise Perret



(L-R): Andrea Murphy (foreground), David Gardner, Leo Glavine, Jane Philpott, Darren Fisher

staff and faculty changes

Dr. Amr Aty joins the AFP faculty effective Jan. 16, 2017, as an assistant professor at Dalhousie University, and staff psychiatrist based at the Bayers Road Community Mental Health Clinic. He can be reached at (902) 454-1400 or amr.aty@nshealth.ca. Learn more about Dr. Aty on page 19!

Dr. Claude Botha has joined the department as an assistant professor and psychiatrist, effective Dec. 1, 2016. Dr. Botha will be working at the Saint John Regional Hospital where he will see patients and teach residents. He can be reached at 506-658-2209 or Claude.Botha2@gnb.ca.

Dr. James Chandler has joined the department as an assistant professor and psychiatrist, effective Nov. 1, 2016. Dr. Chandler will be working in mental health services in Yarmouth, NS, and will also be teaching family medicine residents. He can be reached at 902-742-6661, or drjameschandlermd@hotmail.com.

new faculty profile: dr. aty

How long have you been with the Department of Psychiatry?: I joined the Department of Psychiatry in January 2012.

How long have you held your current position at Bayers Road?: I started working at Bayers road on Jan. 16, 2017.

Prior to Dalhousie, where did your career take you?: I graduated from medical school in Cairo in 1994. I then moved to the UK in 1998 where I did my postgraduate training in psychiatry. In the UK I obtained the diploma of psychiatric practice and Master of Science in mental health studies from Kings College, London University. I also obtained the Membership of the Royal College of Psychiatrists (MRCPsych) in 2007. From 1998 to 2002 I was a psychiatry resident at the Guy's and King's College Rotational Scheme in the UK. From 2007 to 2010 I was a Specialist Registrar in general adult psychiatry at the Maudsley rotation in London, UK. During my specialist Registrar's training I worked in inpatient, community mental health, low secure forensic unit and community forensic psychiatry in inner city areas of London, UK. During my time there, I was the co-lead of a project, commissioned by South London and Maudsley NHS Foundation Trust, on how to improve the community mental health team. In 2010 I joined South Essex NHS foundation Trust in the UK as a consultant psychiatrist, leading a large community mental health team. I moved to Nova Scotia in January 2012 to join the Dalhousie Department of Psychiatry. In Nova Scotia, I worked in community Mental Health in Elmsdale and Truro. I also



Dr. Amr Aty

became heavily involved in service development; I was the co-chair of the Northern Zone Advisory Committee on Mental Health Services planning from 2014-2016. Since October 2015 I have been the co-chair of the Mental Health and Addiction Service Planning Committee in NSHA.

Was psychiatry always your passion?: Psychiatry has always been my passion. Psychiatry is

an attractive and exciting career choice that provides an opportunity to make a real difference to the lives of patients. The frequency of mental illness together with new research and innovation ensures that psychiatry plays an increasingly important role in medicine and society.

Pursuing a career in psychiatry has helped me to understand how a person's mind works and how

to provide successful treatment to handle mental health disorders. Given how crucial a healthy, stable mind is for daily functioning and social interaction, the role of a psychiatrist is an important one. Mental health disorders do not simply affect the person who experiences the condition, but they also affect that person's family, friends and they can even affect random people who cross paths with the sufferer.

What interests you the most about working in the Bayers Road clinic?: Community Mental Health Teams (CMHT) support people living in the community who have complex or serious mental health problems. The different professionals working in CMHT all have different areas of expertise, so that they can combine

their skill sets to tackle complex and challenging mental health conditions. Community Mental Health Services allow people to receive specialized services outside of a hospital setting and to also support community providers and partners with education and consultation. The Bayers Road CMHT provides mental health services to a large and diverse population; I am excited to become part of this team.

What are your teaching interests?: I have always been heavily involved in medical education. I find teaching medical students and residents a very rewarding experience. I was the undergraduate psychiatry teaching coordinator in Lewisham University Hospital in London, UK from 2009 to 2010. In 2012 I co-

founded the psychiatry teaching program at the Truro hospital, and was the coordinator of the psychiatry teaching program until 2015 when I assumed the role of Director of Medical Education at the Colchester East Hants Health Centre. I am excited about my new academic role as the Clinical Academic Leader of the Bayers Road Clinic (as of July 1), and I look forward to working with my psychiatry colleagues to establish a strong teaching program within our clinic.

Outside of working in psychiatry how do you spend your time?: I enjoy spending time with my family. I also enjoy travelling, reading, and swimming.

announcements

FUNDAMENTALS OF DIDACTIC TEACHING COURSE

Dalhousie Faculty of Medicine Continuing Professional Development is hosting a 'Fundamentals of Didactic Teaching' course from March 20 – April 24, 2017. By the end of the course participants should be able to:

- Describe the role of the tutor in Case Based Learning at the Dalhousie Faculty of Medicine.
- Prepare effective lectures and small group teaching sessions.
- Incorporate innovative strategies to promote student engagement into teaching.

The course is part of the Fundamentals of Teaching Program, a series of online courses designed to support Dal medical faculty in their roles as teachers. The cost is \$60, with a limit of 30 participants. For more information and to register, contact facdev@dal.ca.

Meet a Staff Member

Meet a Staff Member allows you to be introduced to all the members of our administrative staff. It was brought to our attention that some faculty don't know who we are or what we do to support them and we'd like to change that! In this issue we introduce you to **Mandy Eslinger**, undergraduate education coordinator.

Mandy Eslinger has been with the Department of Psychiatry since January 2012. In her role as undergraduate education coordinator she organizes all aspects of undergraduate education and is the point of contact for all matters regarding medical students rotating through psychiatry. She is responsible for the administration and coordination of the undergraduate programs including curriculum delivery, clinical assignments, preceptor recruitment and supervision evaluation, data collection and communication, as well as being an active member on various departmental and Faculty of Medicine education committees.

Mandy also assists the clerkship director in researching and improving curriculum delivery methods and collaborates with faculty and residents to develop case-based, self-study modules for the third-year medical students to promote blended learning.

Mandy is currently enrolled in the Masters in Medical Education program at the University of Dundee, Scotland and has a special interest in instructional design and technology-based education.

If you'd like to get in touch with Mandy you can reach her at 902-473-4883 or by email at mandy.eslinger@nshealth.ca.



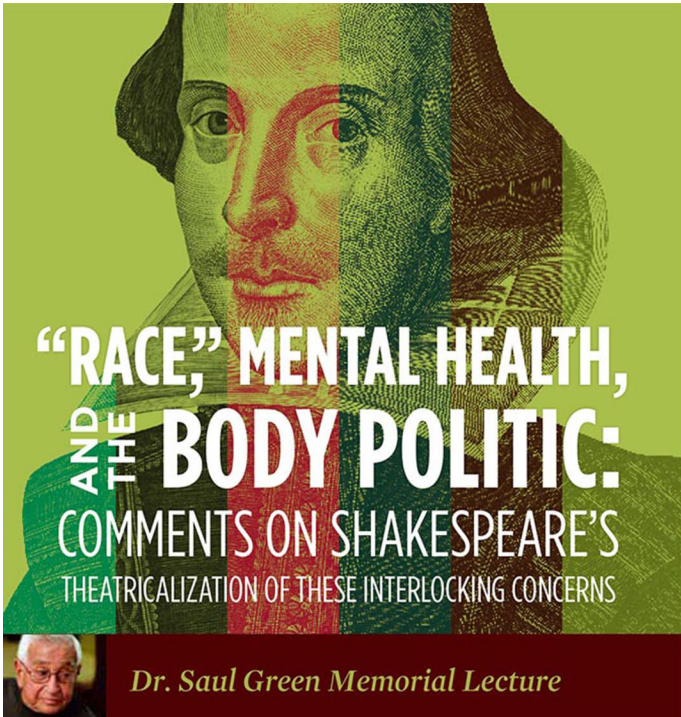
Mandy Eslinger

Humanities Corner

BY DR. JOANNE MACDONALD, HUMANITIES COORDINATOR, DEPARTMENT OF PSYCHIATRY, DALHOUSIE UNIVERSITY

The fall and winter of 2016-17 has seen activity in medical humanities within the Dalhousie Department of Psychiatry. The first Resident Interest Night was held November 17 with Dr. Mark Gilbert, a postdoctoral fellow with the Faculty of Medicine's HEALS-Humanities Program presenting and discussing his work in portrait art in medical communities. He focused particularly on his work with ENT cancer patients, and now with adults with intellectual and developmental disabilities. Mark spoke to the inherent communication and development of intimacy and presence in sitting for and painting a portrait and the lessons learned from being a witness to distress, difference or disfigurement. A lively conversation followed around the potential parallels with presence and observation in psychotherapy and the degree to which the subject impacts the artist or the caregiver when the relationship is not intended to have this kind of reciprocity. Dr. Gilbert will reprise his talk for more of the Department of Psychiatry at the annual humanities presentation at Clinical Academic Rounds on April 5.

The estate of Halifax doctor, Dr. Saul Green, sponsored a typically theatrical and commanding presentation from Hants County's Dr. George Elliot Clarke in November. Dr. George Elliot Clarke is a member of the Order of Canada, a poet and playwright of distinction, an African-Nova Scotian academic now teaching



DELIVERED BY:


Dr. George Elliott Clarke


7:00 pm
Thursday, November 17, 2016
Alumni Hall
Academic Building
University of King's College

Presented by:

Shaar Shalom Synagogue

In cooperation with:

 UNIVERSITY OF KING'S COLLEGE • HALIFAX

 *Dr. Saul Green Memorial Lecture*

at the University of Toronto, and Canada's 7th Parliamentary Poet Laureate. Dr. Clarke presented critical ideas and examples of how race and difference are embodied in singular characters of colour, danger and putative insanity in "Race," Mental Health and the Body Politic: Comments on Shakespeare's Theatricalization of these Interlocking Concerns." Dr. Clarke examined the portrayals of Shakespeare's semitic and black characters. He placed his critique within the recent contexts of changing American political discourse and the dynamic themes of race, ethnicity, fear and the definition of who becomes the 'other' or 'outsider.' Similarly how ideas of difference and dangerousness are connected to notions of mental illness. If you have

a future chance to hear Dr. Clarke's remarkable cadence and use of self as actor in his presentations, do go to experience one of Nova Scotia's noted creative class.

Dr. Ashley Crane is completing a novel fibre art-based medical education elective and **Dr. Kerry Ann Murray** is beginning a project examining the literature around the role and experience of poetry in psychiatry. Descriptions of their work will be featured in future issues.

Ideas for a second Resident Interest Night are welcomed. Please contact **Dr. Joanne MacDonald** at joanne.macdonald@dal.ca if you would like to contribute.

Photo Feature

BY DR. SHABBIR AMANULLAH, PSYCHIATRIST AND
ASSISTANT PROFESSOR



The power of light.

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, 2017, with the deadline for submissions to be April 14, 2017.

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

UPCOMING AWARD DEADLINES

There are many awards that Department of Psychiatry faculty, fellows, residents, and staff are eligible to win each year. The following is a list of awards with upcoming deadlines. If you would like to nominate someone please contact **Kate Rogers** at Kate.Rogers@nshealth.ca. The awards committee will work with you to organize nomination materials. For further details and terms of reference for the awards please visit our website (<http://www.medicine.dal.ca/departments/departments-sites/psychiatry/about/awards.html>).

Granting Body: **The Association for Academic Psychiatry**

- AAP Educator Award (April 1)
- AAP Roberts Award (April 1)
- AAP Fellowship Award (April 1)
- AAP Junior Faculty Award (April 1)

Granting Body: **Medical Council of Canada**

- Dr. Louis Levasseur Distinguished Service Award (May 1)
- Outstanding Achievement Award in the Evaluation of Clinical Competence (May 1)

Granting Body: **Association of Chairs of Psychiatry in Canada**

- ACPC Award for Excellence in Education (May 1)
- ACPC Annual Research Award (May 1)
- ACPC Award for Creative Professional Activity (May 1)

Granting Body: **College of Family Physicians of Canada**

- CFPC/CPA Collaborative Mental Health Care Award (April 1)

Granting Body: **Discovery Centre**

- Discovery Awards Science Champion (May 31)
- Discovery Awards Innovation Award (May 31)
- Discovery Awards Professional of Distinction (May 31)
- Discovery Awards Emerging Professional of Distinction (May 31)

If you have any questions please contact Kate Rogers at Kate.Rogers@nshealth.ca or by phone at 902-473-1677.