

DISCIPLINE OF PSYCHIATRY

ANNUAL RESEARCH AND AWARDS DAY

JUNE 16, 2017

FACULTY OF MEDICINE
MEDICAL EDUCATION CENTRE



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PSYCHIATRY RESEARCH DAY • JUNE 16, 2017

AGENDA

MEDICAL EDUCATION CENTER, 1M102

EVENT	PRESENTER	TIME
Welcome	Dr. Weldon Bonnell	12:15
COMPLETED RESEARCH		
Analysis of Fentanyl-Related Posts on Instagram	Dr. Jetinder Gill	12:20
Impact of Hospitalization on a Geriatric Psychiatry Unit on Modification of Drug Regimens According to the START/STOPP Criteria	Dr. Katie Barnes-Prior	12:35
Evaluating the Use of a Case-based Learning Module in Improving the Antidepressant Knowledge of Family Medicine Residents	Dr. Michael MacDonald	12:50
Effectiveness of Suboxone (Buprenorphine/Naloxone) Compared to Other Pharmacotherapies for Retention in Opioid Dependence Treatment Program: A Systematic Review and Meta-Analysis	Ms. Natalie Butt Ms. Kathryn Dalton	1:05
An Exploratory Study on Food Preoccupation before and after a Yoga and Wellness intervention in a specialized eating disorder program	Dr. Irina Mihaescu	1:20
Interprofessional Psychotherapy Training for Residents	Dr. Beth Whelan Dr. Lisa Moores	1:35
Survey of Psychiatrists and Psychiatry Residents of Newfoundland and Labrador to investigate and assess Malpractice Fear, Risk Aversion, and Defensive Medicine Practices	Dr. Kathleen Callanan	1:50
Adolescent Online Behaviour and Non-Suicidal Self-Injury in Newfoundland and Labrador: Community versus Hospital-Based Settings	Ms. Kimberly Bonia	3:05
Does Modified Team Based Learning (TBL) Improve Psychiatry Resident Exam Performance	Dr. Robert Mercer	2:20
General Practice Physician Barriers to Managing Sexual Dysfunction	Dr. Teresa Watson	2:35
Teaching how to manage an agitated psychiatric patient using computer simulation: a field test	Dr. Frank Symons	2:50
Effectiveness of didactic teaching in enhancing the cultural competence of mental health professionals	Dr. Christine Mikail	3:05

AGENDA

MEDICAL EDUCATION CENTER, 1M102

RESEARCH IN PROGRESS		
Evaluating the effectiveness of a Case-Based Learning module on Borderline Personality Disorder for medical clerks	Dr. Chris Tang	3:20
How Does the Attitude of Treating Eating Disorders Differ Between Psychiatrists and General Physicians?	Dr. Anne Hurley	3:30
Education on Appropriate Use of Telecommunications in Children and Adolescents: A Course for Mental Health Workers	Dr. Aarun Leekha	3:40
Mental Health benefits of year-round hydroponic horticultural therapy in Nunatsiavut communities	Dr. Stuart Gill	3:50
Evaluation of the PEACI Workshop: Family Medicine Residents' Perceived Knowledge and Comfort in Managing Psychiatric Illnesses	Dr. Javeria Tabish	4:00
Patient Barriers to Telepsychiatry in the Child and Adolescent Population of Newfoundland and Labrador	Dr. Julia Curtis Dr. Sarah Aubert	4:10
The Relationship Between Infant Feeding Outcomes and Postpartum Depressive Symptoms	Dr. Sara Dalley	4:20
Prescribing Habits of Antidepressants in Family Physicians within a Family Practice Unit in Pregnant and Postpartum Women	Dr. Archana Vidysankar	4:30
Clinical Effectiveness of the Assertive Community Treatment Team – St. John's, NL	Dr. Matt Tobin	4:40
Adjudicator Feedback		5:00
AWARDS		5:10
Closing Remarks		5:20

ANALYSIS OF FENTANYL-RELATED POSTS ON INSTAGRAM

Mercer, Robert, Faculty of Medicine, Discipline of Psychiatry

Phillips, Leslie, School of Pharmacy & Faculty of Medicine

Background: Since its launch in 2010, Instagram has grown to be one of the most popular social networking sites with more than 300 million users. It has one of the youngest audiences with 37% under 24 years of age and in 2014 young adults named Instagram the most important social network, outranking the importance of both Facebook and Twitter for the first time. Previous research has shown that young people can easily view and interact with substance use content on social media. Because of this ease in access and limited restrictions, it is possible that Instagram has the potential to facilitate information exchanges regarding various substance use beliefs and behaviors. Given the increasing frequency of fentanyl overdoses in Canada and constant media attention, a study observing the fentanyl-related posts on Instagram is warranted.

Objective: This study aims to get a better understanding of the fentanyl-related content that exist on Instagram. This was accomplished by assessing the overall portrayal and genre of fentanyl posts.

Methods: Posts were identified on Instagram with the following search terms: “#fentanyl”, “#fentanylpatch”, “#fentanylcrisis”, “#fentanylkills”, “#fentanylpatches”, “#fentanylstruggle”, “#fentanylawareness”. Search terms were chosen based on a Google trends analysis for top search queries related to fentanyl, and by having a minimum of ten posts under each fentanyl-related hashtag. Using these criteria 10,243 posts were identified. Following this, posts not related to fentanyl and broken links or links not in English were excluded. Of the remaining posts, 371 were randomly selected to achieve a 95% confidence interval. These were coded for overall portrayal and genre. Main topics covered in fentanyl posts were recorded and image statistics were documented. Data were analyzed using descriptive statistics. Results: To be determined.

Conclusions: To be determined.

Disclosure: This was not an industry supported study. There were no sources of funding necessary for this study

IMPACT OF HOSPITALIZATION ON A GERIATRIC PSYCHIATRY UNIT ON MODIFICATION OF DRUG REGIMENS ACCORDING TO THE STOPP/START CRITERIA

Dr. Katie Barnes-Prior (Psychiatry Resident, PGY5)

Dr. Mehrul Hasnain, (Geriatric Psychiatrist)

Introduction: Elderly patients are vulnerable to potentially inappropriate prescribing, given their complex health needs. The Screening Tool of Older Person's Prescriptions/Screening Tool to Alert Doctors to Right Treatment (STOPP/START) has been validated to appraise prescriptions to evaluate for potentially inappropriate prescribing (Gallagher et al, 2008; O'Mahony et al, 2014). Applying STOPP/START during geriatric hospitalization significantly improves the appropriateness of prescriptions (Gallagher et al, 2011). Given that a common aspect of geriatric inpatient management is to evaluate prescriptions, my hypothesis is that hospitalization on a geriatric psychiatry unit (E2A) would have a positive impact on the appropriateness of prescriptions, according to STOPP/START.

Objectives: The primary objective was to quantify and compare potential prescription errors according to STOPP/START on admission and discharge during hospitalization on a geriatric psychiatry unit.

Methodology: Approval from the HREB and RPAC was obtained. Seventy-three patients admitted and discharged to E2A over a one year period were included. Evaluation of prescriptions according to STOPP/START at admission and discharge were completed, and analysis was carried out using a paired t-test.

Results: The prescriptions at discharge contained significantly fewer total potential prescription errors than prescriptions on admission ($p < 0.0001$). The prescriptions at discharge contained significantly fewer potentially inappropriate medications than prescriptions on admission ($p < 0.0003$). In contrast, there was no significant difference between prescriptions at admission and discharge in terms of potential prescription omissions. There was also no significant difference in the number of medications prescribed on admission and discharge.

Conclusions: Hospitalization on a geriatric psychiatry unit (E2A) improves prescriptions in terms of potentially inappropriate medications, but has no impact on potential prescription omissions.

Synopsis: Elderly patients are vulnerable to potentially inappropriate prescribing, and as a result, tools such as STOPP/START have been developed to appraise prescriptions to evaluate for potentially inappropriate prescribing (Gallagher et al, 2008; O'Mahony et al, 2014). The primary objective of this study was to quantify and compare potential prescription errors according to the STOPP/START criteria on admission and discharge during hospitalization on a geriatric psychiatry unit. The results of this study support that hospitalization on a geriatric psychiatry unit (E2A) improves prescriptions in terms of potentially inappropriate medications, but has no impact on potential prescription omissions.

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

EVALUATING THE USE OF A CASE-BASED LEARNING MODULE IN IMPROVING THE ANTIDEPRESSANT KNOWLEDGE OF FAMILY MEDICINE RESIDENTS

Dr. Michael MacDonald (Psychiatry Resident, PGY5)

Abstract: Major Depressive Disorder (MDD) is a common disorder that will affect 12% of Canadian adults at some point in their lives and is estimated to affect 4.8% of Canadians in a given 12 month period. Much of the management of MDD does fall to primary care clinicians like family physicians and the majority of antidepressant prescriptions are written by family physicians. However, a recent survey showed that despite commonly prescribing these agents family physicians often feel their knowledge of them is lacking. There is concern that the current training is insufficient to prepare family physicians to use antidepressants safely and effectively. There is a paucity of evaluations of teaching modules focused solely on improving psychopharmacology knowledge and skills. The purpose of this project was to develop a module for teaching family medicine residents about pharmacologic management of depression and then evaluate the module's effectiveness in improving the knowledge that family medicine residents have about this topic. The teaching module was developed based on the CANMAT Guidelines and with additional input from Stahl's Essential Psychopharmacology and consisted of a PowerPoint presentation with four cases intermingled with slides providing information on guidelines and medications relevant to the case. This teaching module was administered to family medicine residents during a Family Medicine Academic Half-day. Participants were asked to complete pre and post-module knowledge and confidence assessments. Only 15 participants completed both pre and post-module assessments. Overall, there was a 38% (95% CI: 28.8, 47.2) increase in scores from pre to post-module testing. Both baseline scores (30% (95% CI: 21.4, 38.6)) and confidence ratings pre-module were quite low which would support the theory of a significant knowledge gap. The module would appear to be an effective tool to aid in addressing this knowledge gap. Further research is needed to confirm these findings.

Synopsis: The pharmacologic treatment of MDD is often provided by family physicians and previous research would indicate that these providers often feel their knowledge of antidepressants is lacking. The goal of this research was to develop a module that could be used to educate family physician residents on the use of antidepressants. When administered to a small sample of family residents this module seemed to lead to improvements in knowledge and confidence ratings.

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

EFFECTIVENESS OF SUBOXONE (BUPRENORPHINE/NALOXONE) COMPARED TO OTHER PHARMACOTHERAPIES FOR RETENTION IN OPIOID DEPENDENCE TREATMENT PROGRAM: A SYSTEMATIC REVIEW AND META-ANALYSIS

Ms. Natalie Butt, Faculty of Medicine, Clinical Epidemiology

Ms. Kathryn Dalton, Faculty of Medicine, School of Pharmacy

Background: Reducing the problems associated with opioid related disorders depends upon the treatment options. There is a positive correlation between treatment program duration and sobriety outcomes. Individuals who remain in treatment longer tend to have a reduced drug use, a higher social functioning, and a higher quality of life. Many studies have examined retention in treatment with gold standard pharmacotherapies such as methadone and buprenorphine. However, there is promising evidence of a newer pharmacotherapy, suboxone. This study provides a systematic understanding of how effective programs have been at retaining patients in treatment programs that use suboxone.

Objectives: To address the following questions in people with opioid dependency: is suboxone more effective (a) than other pharmacotherapies? (b) than opioid pharmacotherapies? (c) than a non-opioid pharmacotherapy and (d) in long duration or short duration treatment programs?

Methods: Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, we conducted a systematic literature search to identify suboxone compared to other pharmacotherapies with an overall outcome of retention in treatment over time. Treatment retention is determined by the number of days a participant remains in a treatment program. A patient is considered to have completed treatment if they remained in the program for the entire duration of the study.

Results: There were six studies with 2088 eligible participants. Among programs using suboxone compared to other pharmacotherapies there was no statistically significant difference in retention in treatment. Additional sub-analyses yielded no difference in suboxone compared to buprenorphine, methadone, or when used in long treatment duration or short duration treatment. There were statistically significant results among treatment programs that used suboxone compared to clonidine, with results favoring suboxone.

Conclusion: Buprenorphine and methadone opioid pharmacotherapies in long and short duration treatment programs achieve similar retention rates compared to suboxone. Suboxone is more effective than clonidine at retaining participants in treatment programs.

Synopsis: This systematic review and meta-analysis demonstrated efficacy for a new pharmacotherapy, suboxone. It has shown that suboxone may potentially be a safer alternative to gold standard treatments such as methadone and buprenorphine and more effective than clonidine. It also emphasizes the gap in the literature on this topic as highlighted by the small amount of studies included in our review.

AN EXPLORATORY STUDY ON FOOD PREOCCUPATION BEFORE AND AFTER A YOGA AND WELLNESS INTERVENTION IN A SPECIALIZED EATING DISORDER PROGRAM

Dr. I. Mihaescu M.D.(PGY4 Psychiatry)

Dr. A. Hofner MD.FRCPC (Psychiatry)

Acknowledgements: Paul Bulai M.Sc.,RN Candidate 2018

Background: Patients with eating disorders have been shown to have high anxiety related to persistent negative thoughts about food. Yoga as an adjunctive treatment has been shown to reduce anxiety and increase motivation for treatment. We explored the potential impact of a 6 week Yoga and Wellness intervention on participants' level of food preoccupation. We hypothesized that we would see greater reductions in negative thoughts about food, and an increase in positive thoughts about food with either the Yoga or Wellness intervention group.

Methods: A pre/post test design was used with patients undergoing treatment at the Renata Elizabeth Withers Center for HOPE. Data was collected using the 21-item Food Preoccupation Questionnaire (Tanner and Pothos, 2010) during 6 weeks of classes in the Fall of 2016, and Winter 2017. The frequency, positive, negative thoughts about food subscales were analyzed in the Yoga and Wellness group. Descriptive statistics and the Wilcoxon matched-pair signed rank test was used to analyze the data. Single subject designs were also utilized to visualize any differences between the two interventions.

Results: During the fall of 2016, the wellness group (N=8, excluded 3), and yoga group (N=5, excluded 1) showed no significant differences in the frequency, positive, or negative thoughts about food with respect to either intervention (Wilcoxon 2 tailed rank test; Frequency $p=0.655$, Positive $p=0.593$, Negative $p=0.285$ for the Yoga group, and Frequency $p=0.180$, Positive $p=0.225$, Negative $p=0.686$ for the Wellness group). The winter 2017 cohort (Yoga N=3, excluded 2; Wellness N=4, excluded 1) also showed no significant differences (Frequency $p=0.655$, Positive $p=1.00$, Negative $p=0.180$ for the Wellness group). Single subject design did not show any consistent trend amongst the groups with respect to any of the three subscales.

Conclusion: There were no changes in food preoccupation pre/post a 6 week Yoga and Wellness intervention in our sample of patients with eating disorders. Observed effect sizes were small and longer interventions may be necessary to detect any significant changes in food preoccupation between the groups. Future studies should also analyze any mediating factors between food preoccupation, high anxiety, and severity of eating disorder pathology.

Synopsis: Our study examined the potential impact of a 6 week yoga and wellness intervention on the frequency, positive, negative thoughts about food in a population of patients with eating disorders. Descriptive statistics, Wilcoxon 2 tailed rank test, and a single subject design were all used to assess the data from the 21-item Food Preoccupation Questionnaire (Tanner and Pothos, 2010).

Disclosure Statement: There are no involvements with industry or other organizations. There are no sources of funding for this project.

INTERPROFESSIONAL PSYCHOTHERAPY TRAINING FOR RESIDENTS

Dr. Beth Whelan, Student Health and Wellness, Memorial University of Newfoundland

Dr. Lisa Moores, Student Health and Wellness, Memorial University of Newfoundland

Background: Psychiatry residents are expected to achieve a range of competencies in several forms of psychotherapy as required by the Royal College of Physicians and Surgeons of Canada. Psychology faculty at the Student Wellness and Counselling Centre at Memorial provide a weekly interpersonal process recall seminar (IPR) to first year psychiatry and family practice residents. IPR is designed to facilitate effective engagement with patients who have mental health concerns and includes: 1) peer case consultation 2) didactic on psychotherapy topics such as motivational interviewing and stages of change and, 3) guided video review of standardized and real patient encounters. During IPR, residents develop knowledge, confidence and competence to work effectively from a psychological perspective. The opportunity to develop inter-professional relationships is an additional benefit.

Objectives: Evaluate the effectiveness of an 11-week psychotherapy training program with first year psychiatry and family practice residents and understand what aspects of the training were ranked most highly and why.

Methods: During the 2015-2016 academic year, residents who completed the IPR program were asked to complete a 48-item Likert-scaled questionnaire, designed by the authors, which assessed residents' attitudes to distinct components of the course. The questionnaire was analyzed using quantitative and qualitative methods.

Results: Participants ranked peer consultation the highest (and most helpful) of the three components of the program; the didactic component followed as second most helpful and video review was ranked third in comparison to the other components. Residents reported that the training helped them learn effective psychotherapy skills and gain confidence applying skills with patients. The majority of residents reported that the program enhanced their understanding of physician-patient interactions as well as the benefits of inter-professional practice for patient care. Responses to open-ended queries supported these findings with peer support through group discussion, clinical skills learned, and strategies developed in case consultation endorsed as the most helpful aspects of the program.

Conclusions: The potential benefits of this interprofessional approach to knowledge and skill acquisition in this area extend beyond the individual training benefits to psychiatry residents. Implications for continued collaboration and enhanced communication between psychology and psychiatry in future practice are indicated.

Synopsis: Results of a year-long evaluation of an 11-week psychotherapy training program are presented. Medical residents' feedback indicates that psychotherapy training is highly valued and the most and least beneficial components of the program, along with recommendations for growth, are highlighted.

Disclosure Statement: Nothing to disclose.

SURVEY OF PSYCHIATRISTS AND PSYCHIATRY RESIDENTS OF NEWFOUNDLAND AND LABRADOR TO INVESTIGATE AND ASSESS MALPRACTICE FEAR, RISK AVERSION, AND DEFENSIVE MEDICINE PRACTICES

Dr. Callanan, Kathleen, (Psychiatry Resident, PGY4)

Dr. Jasbir Gill, Faculty of Medicine, Discipline of Psychiatry

Background: Certain clinical decisions are considered 'defensive medicine practices' if they serve to protect oneself from potential consequences such as malpractice suits. High malpractice fear and high risk aversion have been associated with increased defensive medicine practices among other specialists. However, few studies have examined these concepts among psychiatrists.

Objectives: The primary objective of this study is to evaluate the presence and characteristics of defensive medicine practices (DMP) in psychiatry. A secondary objective is to evaluate the level of malpractice fear and risk aversion among psychiatrists. Another goal is to explore potential relationships between measurements of defensive medicine, malpractice fear, and risk aversion.

Methods: An anonymous online survey was distributed to Psychiatrists and Psychiatry Residents in Newfoundland and Labrador via email. The survey included i) a likert scale measuring frequency of use of 12 defensive practices ii) a 6 question validated scale designed to assess malpractice fear and iii) a 6 question validated scale designed to measure risk aversion.

Results: Forty five individuals completed the survey equaling a 39% response rate. It was seen that the use of DMP are fairly common among psychiatrists. Almost half (46%) of the respondents reported using one or more defensive practices sometimes, often or always. Certain DMP were used more commonly than others. For example, 89% of respondents endorsed using specific phrases in documentation (i.e. "not certifiable") and 71% reported documenting more than necessary following patient encounters at least sometimes to protect themselves. Notably, providing increased community follow up and delaying discharge were commonly used defensive strategies (53% and 40% of respondents, respectively). A relationship between levels of malpractice concern /risk aversion, and frequency of defensive practices could not be calculated accurately due to difference in the nature of data types between question sets.

Conclusions: Defensive medicine practices are common among psychiatrists and psychiatry residents in this province. We see that despite psychiatry being considered a low risk field for malpractice, clinicians frequently use defensive medicine practices. Notably, many of the practices highlighted in this study have the potential to significantly impact the efficiency and cost effectiveness of health care delivery.

Synopsis: The purpose of this project is to assess the level of malpractice fear, risk aversion, and subjective tendency to practice defensive medicine among psychiatrists and psychiatry residents of Newfoundland and Labrador.

Disclosure Statement: The author of this study has no relevant financial or nonfinancial relationships to disclose.

ADOLESCENT ONLINE BEHAVIOUR AND NON-SUICIDAL SELF-INJURY IN NEWFOUNDLAND AND LABRADOR: COMMUNITY VERSUS HOSPITAL-BASED SETTINGS

Ms. Kimberly A. Bonia, MSc

Objective: The objective of this study was to investigate the relationship between online behaviour and non-suicidal self-injury (NSSI) among adolescents in a community mental health program and an outpatient based program in Newfoundland and Labrador.

Method: This study was a cross-sectional mixed methods study including both quantitative and qualitative methods. Thirty-six adolescents responded to an anonymous online survey and a total of 10 participated in two focus groups.

Results: 10/36 survey respondents indicated that they have viewed NSSI material online in the past six months. Focus group participants indicated that they view online self-harm materials to trigger self-harm, as a way of healing, to find support, or as a way of normalizing their NSSI. Some participants were able to recognize when their online behaviour was negatively interfering with their well-being and they were able to take breaks from viewing online NSSI material.

Conclusions: It may be beneficial for care providers to discuss online activity with their NSSI clients to gain a better understanding of the motives behind their online activity. Understanding the motives may provide a useful opportunity for supportive engagement and recovery.

DOES MODIFIED TEAM BASED LEARNING (TBL) IMPROVE PSYCHIATRY RESIDENT EXAM PERFORMANCE

Dr. Robert Mercer, Faculty of Medicine, Discipline of Psychiatry

Dr. Leslie Phillips, Faculty of Medicine & School of Pharmacy

Abstract: Team based learning is a form of teaching that includes students completing evaluations independently, then completing the same evaluation again in small groups. The results of this exam are then reviewed to ensure students know the correct answer and are learning from the experience. We used a slightly modified approach that will be explained. The objectives were to determine if modified team based learning is an effective teaching method for psychiatry residents and to determine if residents find modified team based learning to be a useful teaching method. We also wanted to determine if residents find examination review to be useful and determine if modified team based learning is a teaching method that we should use again in the psychiatry residency program. The results of the exam were reviewed to determine if student scores increased with the intervention. We also completed a pre/post survey to gather data on how residents found the experience. Results showed that overall, most residents improved their exam score when working in the modified team approach, and that residents found the intervention to be helpful. The results indicate the need for further, expanded study, and the potential for future use of team based learning in the discipline.

Synopsis: A modified form of Team Based Learning was used during a Psychiatry Resident evaluation to determine its utility and potential as a future teaching format for residency education. Results indicate that it was an overall positive experience for those who took part and may warrant further study.

Disclosure Statement: None. No funding was obtained. This project was completed as part of the requirements for the primary author to complete a Certificate in Medical Teaching.

GENERAL PRACTICE PHYSICIAN BARRIERS TO MANAGING SEXUAL DYSFUNCTION

Dr. Teresa Watson (Psychiatry Resident, PGY5)

Dr. Weldon Bonnell, Faculty of Medicine, Discipline of Psychiatry

Introduction: Sexual dysfunction is an important aspect of sexual health that is prevalent in the population but frequently goes undetected. There is evidence that health professionals do not discuss sexually related issues with their patients as often as the patients need. Although primary care has been identified as the preferred place to seek treatment for sexual health concerns, little is known either of the factors that prevent GPs from initiating such discussions, how they feel about managing this area or what improvements could be made.

Objective: The aim of this study is to investigate the role of the GP in the management of sexual dysfunction, identify their perceived barriers and explore strategies to improve management in this area.

Methods: An online questionnaire was sent by email to all general practice physicians registered with the Newfoundland and Labrador Medical Association (630). The questionnaire collected demographic information, views of the clinical importance of sexual dysfunction within primary care, physician's perceived competency in discussing and treating sexual dysfunction, views on the barriers to the management of sexual dysfunction and suggestions for tackling these barriers.

Results: in progress

Conclusion: TBA

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

TEACHING HOW TO MANAGE AN AGITATED PSYCHIATRIC PATIENT USING COMPUTER SIMULATION: A FIELD TEST

Frank Symons, MD FRCPC - PGY 6, Faculty of Medicine, Discipline of Psychiatry

Abstract: Simulation is increasingly used in medical education. This trend is driven by a number of factors, including concerns for patient safety and teaching effectiveness. Common approaches to simulation include the standardized patient, the sophisticated computer-controlled mannequin, and the on-screen computer simulation. Research has demonstrated simulation to be an effective way to learn, and in some cases (e.g. quality of ACLS care provided by residents) superior to traditional teaching methods.

Simulation with standardized patients is the approach which allows for the most authentic recreation of a patient encounter, and is common in psychiatric training. Computer simulations are unable to deliver the same realism, but offer other advantages, including the potential to be administered repeatedly with minimal increase in cost, and at virtually any time or location where computer access exists - a significant advantage when one considers that repeated practice has been demonstrated to be a key component of effective simulation-based learning. Computer simulations can also deliver timely and appropriate feedback, another such key component.

The objective of this study is to evaluate the acceptability to trainees of computer simulation as a teaching method in training in psychiatry. I propose to develop a computer simulation of the management of the agitated psychiatric patient (the scenario in psychiatry which perhaps best parallels ACLS events). This will be accessible via a standard web browser. It will present a representative agitated patient scenario, and offer the participant a variety of more or less appropriate courses of action. Events will play out based on the chosen course, and feedback will be provided based on the appropriateness of the choices made. This simulation will be administered to participants, and feedback obtained. This qualitative data will be analyzed and used to guide further development of the simulation.

Synopsis: Simulation-based education is an area of growing interest. This study aims to evaluate trainee satisfaction with learning from a computer-based simulation of the management of the agitated psychiatric patient.

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

EFFECTIVENESS OF DIDACTIC TEACHING IN ENHANCING THE CULTURAL COMPETENCE OF MENTAL HEALTH PROFESSIONALS

Dr. Christine Mikail (Psychiatry Resident, PGY 4)

Dr. Robert Mercer, Faculty of Medicine, Discipline of Psychiatry

Introduction: In recent years there has been an influx of refugees into Canada. Health practitioners are encountering increasing numbers of refugees seeking medical and psychiatric care. In response, governments and professional associations have begun to mandate cultural competence for health practitioners. However, finding effective ways to educate healthcare professionals on cultural perspective and assist them in acquiring cultural competence has been a challenge. Research has shown that these skills may be gained through didactic teaching, mentorship, and supervised training in both clinical and community settings. Cultural Psychiatry Day is an example of didactic teaching. It is an annual seminar designed to address the cultural context of psychiatric conditions and the challenges in addressing cultural diversity in psychiatric services. The 2017 cultural psychiatry day presentations featured "Trauma and Resilience among Syrian Refugees".

Objectives: To evaluate the effectiveness of the Cultural Psychiatry Day 2017 presentations in educating as well as increasing mental health professionals' competence in managing patients of diverse cultural backgrounds.

Methodology: A pre-survey was designed to measure the participants perceived baseline comfort level, knowledge and competence in managing refugee patients presenting with mental health related concerns. It also measures their expectations of the teaching. Following the seminar, a post-survey was performed using the same questions as the pre-survey. Each survey included 15 statements that were measured on a likert scale. The responses will be statistically analyzed and pre and post survey results compared for each participant. Nine academic sites across Canada participated in the 2017 Cultural Psychiatry Day. Consent was obtained from the course facilitators, presenters and all site coordinators to distribute the surveys at the various sites.

Results: Pending

Significance of Findings: To our knowledge this is the first nationwide study analyzing the effectiveness of a trans-cultural didactic teaching in educating mental health professionals and enhancing cultural

EVALUATING THE EFFECTIVENESS OF A CASE-BASED LEARNING MODULE ON BORDERLINE PERSONALITY DISORDER FOR MEDICAL CLERKS.

Dr. Chris Tang (Psychiatry Resident, PGY 4)

Dr. Taryn Hearn, Faculty of Medicine, Discipline of Psychiatry

Abstract: Case-Based Learning (CBL) has been shown to be an effective teaching method and is well received by students and teachers in the medical profession. Learning how to recognize and manage patients with Borderline Personality Disorder (BPD) is an essential component of the undergraduate medical education curriculum. This study aims to evaluate if a CBL-based teaching approach improves the comfort level of clinical clerks in managing patients with BPD. The teaching module on BPD will be delivered to medical students on the inpatient psychiatry units. The medical students will voluntarily complete pre- and post-teaching surveys that assess their attitude and comfort level on managing patients with BPD using a Likert scale. Paired t-tests will be performed to detect any differences in response between the pre and post surveys. It is hypothesized that this intervention will improve the students' comfort in managing BPD, which would likely benefit their clinical practice.

Results: pending.

Synopsis: Case-Based Learning has been shown to be an effective teaching method and is well received by students and teachers in the medical profession. This study aims to evaluate if a CBL-based teaching approach improves the comfort level of clinical clerks in managing patients with Borderline Personality Disorder.

Disclosure: The author of this study has no relevant financial or nonfinancial relationships to disclose.

HOW DOES THE ATTITUDE OF TREATING EATING DISORDERS DIFFER BETWEEN PSYCHIATRISTS AND GENERAL PHYSICIANS?

Dr. Anne Hurley (Psychiatry Resident, PGY 3)

Dr. Tanis Adey, Faculty of Medicine, Discipline of Psychiatry

Background: Eating Disorders (ED) affect 1.5% of Canadian women aged 15 - 24, with anorexia nervosa carrying the highest mortality rate of any other psychiatric illness. Average duration of a patient suffering from an ED can be extremely variable with 20% of patients remaining chronically ill. Treatment options can include psychotherapy, nutritional education, nutritional stabilization, medical monitoring, pharmacotherapy, inpatient hospitalization, and outpatient programs. The treatment of ED can often be challenging for a number of reasons including: no clear management guidelines, patients can be challenging, strong patient counter-transference, fear of breaking therapeutic alliance, and inconsistent (or absent) guidance of treatment under the mental health act (MHA).

Objective: The proposed research study will explore the attitudes, knowledge, and level of comfort using the MHA in patients with eating disorders. Specifically, the proposed research will look at differences in diagnosis, management, level of comfort dealing with ED patients between general practitioners and psychiatrists.

Methods: A sample of 60 physicians, both general practitioners (GP) and psychiatrists will be recruited (30 GPs, 30 Psychiatrists). Physicians will be asked to complete a series of validated eating disorder questionnaires to assess their attitudes, knowledge, and level of comfort using the MHA. These questionnaires have been used in previous research and have identified gaps in both diagnosis and management of ED patients (Jones, Saeidi & Morgan, 2013).

Hypothesis: Previous literature has indicated that psychiatrists' knowledge of diagnosis and management of ED is variable indicating greater education surrounding management of ED patients is needed. It is therefore hypothesized that while psychiatrists will demonstrate some gaps in knowledge, there will be a discrepancy in knowledge and management between the two subject groups with general practitioners having significantly less knowledge and a lesser degree of comfort managing ED patients. Secondly, with regard to the MHA, we anticipate that GPs will report significantly less comfort utilizing the MHA for ED patients.

Significance: This research will highlight greater education is needed for specialties dealing with ED as well as general practitioners, particularly surrounding proper use of the MHA. This research will also point to the need for national guidelines to help manage ED patients.

EDUCATION ON APPROPRIATE USE OF TELECOMMUNICATIONS IN CHILDREN AND ADOLESCENTS: A COURSE FOR MENTAL HEALTH WORKERS

Dr. Aarun Singh Leekha (Psychiatry Resident, PGY-3)

Background: When discussion is undertaken with adolescents regarding 'Sexting', there appears to be a pervasive lack of education and comprehension surrounding these actions. There is no clear statistics regarding how frequent this is occurring, however Lorang et al state anywhere from 4-25% of minors have sent sexual images. Strassberg et al showed 14.7% of students interviewed have engaged in sexting activities, while up to 35% of students had received sexually explicit images.

Numerous studies point at these practices of 'Sexting' leading to risky sexual behaviours, which in turn can lead to irreparable physical and mental harm. Medrano et al showed that sexting is directly related to cyberbullying, which has been shown to cause depression, self-harm behaviours and suicidal ideation in university students. Morelli et al's conclusion states moderate to high use of sexting could preclude those to problematic behaviours such as dating violence, and domestic abuse which both can potentiate mood disorders, anxiety disorders, and suicide.

Bilgrami et al highlight the importance of education to parents and patients on how to avoid harmful outcomes with the technology that is available today. Coyne et al stated "...High levels of texting during early adolescence do not seem beneficial, at least in terms of long-term outcomes. At this level, texting may interfere with the formation of face-to-face relationships..." Landry et al show in 2017 that parent child relationship and parental influence are still drastically important to children in understanding and navigating social media and the hi-tech communication world we live in now.

This in turn spurns the author's potential outcome, which is to educate the clinicians so they can better educate the patients and their parents or caregivers in the appropriate use of cell phones and communication applications.

MENTAL HEALTH BENEFITS OF YEAR-ROUND HYDROPONIC HORTICULTURAL THERAPY IN NUNATSIAVUT COMMUNITIES

Dr. Stuart Gill (Psychiatry Resident, PGY 1)

Background: Mental illness and addictions is arguably the most concerning problem facing Canadian Aboriginal groups today. This is illustrated by recent epidemics of youth suicides in some Aboriginal communities. The National Inuit Suicide Prevention Strategy (2016) extensively describes the complex and multi-factorial drivers behind the mental health crisis faced by our country's northern-most aboriginal group. One of the less-talked-about detrimental factors described by the Inuit Strategy is food insecurity. There is also sound evidence from around the globe that horticultural therapy as a form of preventive medicine can reduce mood disorder symptoms (depression, anxiety) and can combat other life satisfaction and health challenges (quality of life, sense of community, improved diet). It is not surprising that the Inuit Strategy highlights all of these as themes in the current mental health crisis. The present research-in-progress will provide a qualitative evaluation of a specific horticultural therapy and its effects on Inuit in the Nunatsiavut (Labrador) region.

Objective(s)

1. To identify reduction in symptoms of mood disorders and/or other psychopathology attributed to the horticultural therapy
2. To identify other areas of improved well-being attributed to the horticultural therapy
3. To describe attitudes and engagement level of Inuit patients towards horticultural therapy
4. To identify cultural, practical and technical weaknesses and challenges of implementing horticultural therapy on a wide-spread basis in Northern Labrador

Methods used: Case studies using qualitative and quantitative interviews pre- and/or post-therapy (combined prospective and retrospective).

Results obtained

Research in progress

Conclusion(s)

Research in progress

Synopsis: An investigation into the benefits of Horticultural Therapy towards the mental health of Nunatsiavut Inuit.

Disclosure Statement: No involvement with industry or other organizations that may potentially influence my presentation of educational material.

EVALUATION OF THE PEACI WORKSHOP: FAMILY MEDICINE RESIDENTS' PERCEIVED KNOWLEDGE AND COMFORT IN MANAGING PSYCHIATRIC ILLNESSES

Dr. Javeria Tabish (Psychiatry Resident PGY3)

Dr. Gary Tarrant, Faculty of Medicine, Family Medicine

Dr. Sarah Noble, Faculty of Medicine Discipline of Psychiatry

Introduction: Family physicians are the primary point of contact for most patients with psychiatric illness. Furthermore, at least one third of a family physician's case load has an explicit psychological component (1). Despite this, the College of Family Physicians Canada does not require that family medicine residents complete a mandatory psychiatry rotation during their 2-year residency program. Clinical exposure to these patients is largely encountered during the family medicine rotations. Thus, different family medicine programs across Canada mandate their own psychiatric teaching to their residents. At the family medicine program at Memorial University (Eastern Stream), this includes a 4-day workshop on psychiatric emergencies and crises intervention (PEACI). Although there is annual formal feedback from the residents regarding the PEACI workshop, this will be the first study evaluating their perceived knowledge/comfort with psychiatric illnesses as well as the PEACI workshop itself.

Research Objective: To determine the effectiveness of a 4 day workshop (PEACI) using both didactic and role-play learning on the knowledge and comfort of family medicine residents in managing different psychiatric illnesses.

Hypothesis: Family medicine residents will find an improvement in their knowledge and comfort after completion of the course.

Methodology: As a part of the Memorial University of Newfoundland family medicine residency, a mandatory workshop involving psychiatric emergencies and crisis intervention is conducted over a four-day session with two days in each year of residency that cover different topics. The course involved the following topics this year: psychiatric emergencies, psychiatric symptoms in medical illness, intoxication and withdrawal states, acute trauma/PTSD, psychosis and certification.

Residents will be asked to anonymously complete a pre- and post- PEACI workshop survey assessing three areas: 1. Perceived knowledge/competence regarding each topic taught, 2. Perceived comfort/confidence regarding each topic taught, 3. Expectations and evaluations of the workshop. Statements will be rated using Likert Scales ranging from 1 (disagreement) to 10 (agreement). The scores will be compared overall and also within each post graduate year. The aim is to conduct these surveys for two consecutive years in order to evaluate the course as a whole.

Synopsis: As family medicine residents currently have no mandatory psychiatric rotations during residency, the PEACI workshop is a very important learning tool on how to manage psychiatric patients for these residents. This is the first study investigating resident perceptions of the PEACI course at Memorial University.

Disclosure: The author of this study has no relevant financial or nonfinancial relationships to disclose.

PATIENT BARRIERS TO TELEPSYCHIATRY IN THE CHILD AND ADOLESCENT POPULATION OF NEWFOUNDLAND AND LABRADOR

Dr. Julia Curtis (Psychiatry Resident, PGY3)

Dr. Sarah Aubert (Psychiatry Resident PGY2)

Background: Telemedicine, including telepsychiatry, continues to be an emerging and evolving field that provides significant benefits to the communities it serves. At its core, telemedicine employs the use of technology to provide healthcare, in particular, to remote populations (1). Owing largely to our geography, Newfoundland and Labrador is in a unique position to benefit immensely from sound telemedicine. It has the potential to provide patients in many remote and coastal communities with sub-specialty services that they would otherwise have to travel, often great distances, to access. Employing telemedicine has been shown to decrease patient wait times, as well as costs to the system and patient (2). Despite these and other potential benefits however, it has been observed that many patients from remote communities on the waitlist for child and adolescent psychiatry in Newfoundland, decline the offered option of telepsychiatry, preferring instead to attend their appointment in-person. To our knowledge, there is no study that explores patient specific barriers to accessing telepsychiatry for child and adolescent psychiatric services in Newfoundland and Labrador. **Objective:** The purpose of this study is therefore to explore patient barriers to accessing child and adolescent telepsychiatry services in Newfoundland. **Methods:** Patients on the child and adolescent psychiatry waitlist will continued to be contacted as per the triaged waitlist times and in the usual manner. As is standard, patients from remote communities will be offered both the option of telepsychiatry and the option to attend their appointment in person. Those that decline telepsychiatry, will be asked if they would be willing to participate in a survey to assess patient attitudes towards telepsychiatry in our province. Only consenting patients will be contacted to complete a brief phone survey that will identify what patients feel are the biggest barriers for telepsychiatry in Newfoundland and Labrador.

Synopsis: Despite significant potential benefits of child and adolescent telepsychiatry to both the patient and the system, many patients decline telepsychiatry as an option. We aim to survey patients who decline telepsychiatry to identify the biggest barriers for the patient population in our unique province of Newfoundland and Labrador.

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

THE RELATIONSHIP BETWEEN INFANT FEEDING OUTCOMES AND POSTPARTUM DEPRESSIVE SYMPTOMS

Dr. Sara Dalley (Psychiatry Resident, PGY 2)

Background: Research has shown that an association exists between breastfeeding and postpartum depression (PPD). Despite numerous studies, the association remains to be quite complex and the directionality of the relationship is unclear. Some studies indicate that women who breastfeed exhibit lower levels of depressive symptomatology than those who do not and that breastfeeding may offer biological and psychological protection against PPD. Despite this, it is unclear whether breastfeeding actually leads to a decrease in PPD symptoms or if women who are susceptible to PPD may be less likely to breastfeed. Other studies suggest unmet expectations around breastfeeding and early negative experiences leading to early cessation may increase the risk of PPD. Overall, the fact that the two are indeed linked demonstrates the importance of health care provider awareness of the challenges and needs of women with PPD who wish to breastfeed.

Objectives: Possible objectives for my future research project would be:

1. To explore barriers to breastfeeding in women with postpartum mood symptoms in Newfoundland including accessibility and awareness of current services, supports available, fears around psychiatric medication use during breastfeeding, etc.
2. To gain a better understanding of the associated stresses that may put women at risk.

Methods used: Unknown at this time. Possible survey vs qualitative study design

Results obtained: Inapplicable at this time.

Conclusions: Inapplicable at this time.

Disclosures: The author of this study has no relevant financial or nonfinancial relationships to disclose.

PRESCRIBING HABITS OF ANTIDEPRESSANTS IN FAMILY PHYSICIANS WITHIN A FAMILY PRACTICE UNIT IN PREGNANT AND POSTPARTUM WOMEN

Dr. Archana Vidyasankar (Psychiatry Resident, PGY 4)

Objective: This is a descriptive retrospective study to delineate prescription habits of antidepressants in pregnant and postpartum women in Newfoundland.

Introduction: Research of psychotropics in the pregnant and postpartum population is scarce. Traditionally there was hesitation to prescribe medications during this time of a women's life based on concerns of harm to the fetus. Further data is coming out now that there is indeed more risk to the infant if the mother's mental health is untreated. The purpose of this study is to gain an understanding of the prescribing habits of antidepressants for pregnant and postpartum women in a group of primary care physicians in St. John's NL.

Design: This is a retrospective chart review of pregnant and postpartum women who are taking antidepressants over a five year period. One cohort of patients will be those who are already on an antidepressant at the time of a positive pregnancy test. We will monitor the dosage of their medication throughout the pregnancy and postpartum period. Another cohort of patients will be those who initiate an antidepressant after a positive pregnancy test, reviewing which medications are chosen and at what dose. Data will be collected in both cohorts up to one year post-partum.

Hypothesis: I believe the study will show that if a patient is already on a medication the dose will become lowered and if patients were to start a medication it would be maintained at a lower than expected dose.

OXYTOCIN FOR NEGATIVE SYMPTOMS: A CRITICAL REVIEW OF POPULATION, OUTCOMES, AND METHODOLOGIES

Dr. Jordan Brennan (Psychiatry Resident, PGY 1)

Abstract: Schizophrenia is a chronic, disabling mental illness characterized by both positive and negative symptoms. Although significant progress has been made in treating positive symptoms, effective treatment options for refractory negative symptoms remain limited. Because negative symptoms are correlated negatively with quality of life and vocational outcomes, additional pharmacological treatment for these remains important. The neuropeptide hormone oxytocin plays an important role in bonding and social cognition in humans, with emerging research investigating its utility as a potential treatment for negative symptoms in human subjects. Unfortunately, results have been mixed. Therefore the goal of the present project was to conduct a systematic review of empirical studies assessing the role of intranasal oxytocin on negative symptoms including social cognition on patients with schizophrenia. Twelve RCT's investigating the impact of intranasal oxytocin in improving negative symptoms in Schizophrenia were reviewed by the writer. These were found via an advanced search on pub med for "schizophrenia" AND "negative symptoms" AND "oxytocin" in all fields. The writer systematically reviewed each of these studies with regard to study weaknesses in population, interventions, control methods and intervention measures to critically direct future research in the field. Although insufficient evidence exists to conclude oxytocin as an effective treatment for negative symptoms at this time, several problems with extant studies were highlighted. These include a need for more female participants, physiologic investigation of oxytocin dosing and dose-response, use of within-subjects designs, and a need to consider social-cognitive measures, quality of life, and vocational outcome measures as primary outcomes.

Synopsis: Recent studies have examined the role oxytocin might play in treating the negative symptoms of patient with schizophrenia. Results thus far have been weak or inconclusive. As such, a review of the extant literature was conducted in order to examine limitations or problems in study design that might better direct future research.

Disclosure Statement/Conflict of Interest: Author has no conflict of interest or extraneous source of funding to announce.

THE IMPACT OF THE ST. JOHN'S FRONT STEP HOUSING FIRST PROGRAM ON MENTAL HEALTH SERVICE USAGE IN THE HOMELESS POPULATION

Dr. S Khing Lin, (Psychiatry Resident, PGY 3)

Dr. Taryn Hearn, Faculty of Medicine, Discipline of Psychiatry

Background: The relationship between mental health issues and housing security is complex. Traditionally, access to supportive housing programs for those with mental illnesses has been governed by the treatment first model in which readiness for housing is deemed following medical compliance and resolution of substance abuse. This approach has been criticized for lack of evidence indicating success. The housing first model, in which housing is found irrespective of other illnesses and behaviors, has been explored globally as an alternative, and has been found to improve access to community services while maintaining total service costs.

Objective: How has the Front Step Housing First initiative impacted the use of psychiatric services in St. John's?

Methods: Emergency room use as well as psychiatric inpatient admissions and outpatient clinic visits prior to enrolment in the Front Step program will be compared to service usage after the implementation of the program.

We will collect an anonymized list of MCP numbers from the clientele of Front Step, which will only be match with their date of entry into the program. Once this list has been obtained, it will be provided to the Eastern Health Medical Records Department, where a service usage list for 1 year prior to program entry date and 18 months post-entry will be provided.

Synopsis: One of the primary aims of the housing first approach is to facilitate access to community services and maintain health care costs. The goal of this study is to see if the above outcome will translate into our local setting.

Disclosure Statement: The author of this study has no relevant financial or nonfinancial relationships to disclose.

AWARDS

THE JANSSEN RESEARCH AWARD

The Janssen Research Award is presented annually to the psychiatry resident who is chosen for best research presentation.

THE DR HOWARD STRONG MEMORIAL SCHOLARSHIP FOR POSTGRADUATE GERIATRIC PSYCHIATRY

This scholarship has been established through generous gifts from colleagues, classmates, friends and family of Dr. Howard Strong, a well-known geriatric psychiatrist, member of the first medical graduating class and former Chair of the Discipline of Psychiatry at Memorial. The scholarship is awarded annually to the resident who is rated by faculty as having the best performance in the Geriatric Psychiatry rotation during the psychiatry residency training program in the Faculty of Medicine at Memorial University.

THE FREDERICK MICHAEL O'NEILL AWARD IN PSYCHIATRY

This award was established through a generous gift from Ms. Sharon O'Neill. Frederick Michael O'Neill was a World War One Veteran who was one of the first 500, a Blue Puttee, to enlist and enter the war via the HMS Florizel. This will be awarded annually to a resident of Newfoundland and Labrador who has completed the second year of the post-graduate residency program in psychiatry at Memorial University's Faculty of Medicine and who has demonstrated excellent patient care skills. The recipient must meet the minimum academic requirements for an award as defined by Memorial University.

DISCIPLINE OF PSYCHIATRY AWARDS

RESIDENT TEACHING AWARD

This award is presented annually to the psychiatry resident who is chosen as the best mentor/teacher by the graduating medical school class.

ACADEMIC TEACHER AWARD

This award is presented annually to two members of faculty who are chosen by the resident group. The awards are for best teacher in each of the junior and senior academic programs.

CLINICAL SUPERVISION AWARD

This award is presented annually to two members of faculty who are chosen by the resident group. The awards are for best clinical teacher/mentor in each of the junior and senior academic programs.

RESEARCH IN PROGRESS

GENERAL PRACTICE PHYSICIAN BARRIERS TO MANAGING SEXUAL DYSFUNCTION

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BACKGROUND

Sexual dysfunction is an important aspect of sexual health that is prevalent in the population but often undetected. There is evidence that health professionals do not discuss sexually related issues with their patients as often as the patients need. Although primary care has been identified as the preferred place to seek treatment for sexual health concerns, little is known either of the factors that prevent GPs from initiating such discussions, how they feel about managing this area or what improvements could be made.

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