



# DISCIPLINE OF PSYCHIATRY

SCHOLARSHIP & AWARDS DAY

June 14, 2019

Faculty of Medicine • Main Auditorium

DISCIPLINE OF PSYCHIATRY  
Faculty of Medicine  
Memorial University of Newfoundland  
St. John's, Newfoundland and Labrador

709- 864-3384  
[www.med.mun.ca/psychiatry](http://www.med.mun.ca/psychiatry)

Design and layout by Jennifer Armstrong, HSIMS 2018  
Compiled and reviewed by Dr. Weldon Bonnell, Director of Research  
and Ms. Stacy Hicks, Academic Program Administrator

**AGENDA**

Location: Outside Main Auditorium, Faculty of Medicine

12:00	Sign in/Registration. Light lunch provided by sponsor Janssen Inc.
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Location: Main Auditorium, Faculty of Medicine

12:30	<b>Welcome Address</b> from Dr. Weldon Bonnell, Research Director		
12:40	<b>Keynote Address: Mental Health and the Natural Environment</b> By: Dr. Ted Callanan		
	<b>Topic</b>	<b>Presenter</b>	
1:10	The Impact of the St. John's Front Step Housing First Program on Mental Health Service Usage in the Homeless Population (two projects in one)	Dr. Khing Lin	Completed Research
1:45	A Qualitative Analysis of Resident Doctors of Canada's Resiliency Curriculum: Feedback from the Leadership Module at ICRE 2018	Dr. Aarun Leekha	

Location: Outside Main Auditorium, Faculty of Medicine

2:10	Afternoon Break. Beverages and snacks provided by sponsor Janssen Inc.
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Location: Main Auditorium, Faculty of Medicine

	<b>Topic</b>	<b>Presenter</b>	
2:30	User Perceptions of the Canadian Acuity Triage System	Dr. Anne Hurley	Completed Research
2:55	Resident Wellness at Memorial University in Newfoundland and Labrador: Analysis of local results from Resident Doctors of Canada's 2018 National Resident Survey	Dr. Julia Curtis	
3:20	Mental health nursing follow up and attempted suicide risk reduction	Dr. Jordan Brennan	Research in Progress
3:30	Adjudication Feedback from Drs. Tara Snelgrove/ James Valcour		
3:40	AWARDS (and photo op of award winners)		
4:00	Closing Remarks from Dr. Weldon Bonnell		
4:10	Feedback forms to be completed		
4:15	Adjourn		

## ON DISPLAY!

Posters for viewing:

**Hearn T., Tang W.**, *Evaluating the Effectiveness of a Case-based Learning Module on Borderline Personality Disorder for Medical Clerks*; Poster at the Canadian Psychiatric Association Conference, Toronto, Ontario, September 2018.

**Adey T., Wong M.**, *Developing Role-Modelling Consciousness and Competence in Residents*; Poster at the Canadian Psychiatric Association Conference, Toronto, Ontario, September 2018.

## KEYNOTE ADDRESS

### MENTAL HEALTH AND THE NATURAL ENVIRONMENT

#### **Dr. Ted Callanan, MD, FRCPC**

Professor Callanan is a graduate of Memorial University's Faculty of Medicine. Following completion of his MD he went to McGill University where he completed studies in psychiatry and psychoanalysis. After just over 20 years at McGill, Ted returned to Memorial in 1997 where he became Discipline Chair in psychiatry in 2000, a post he held until 2013. He was granted administrative leave in 2014 and pursued studies on the impact of the physical built and natural environments on mental health. He is now a part time clinical professor of psychiatry in the Faculty of Medicine.

This presentation focuses the relationship of our environment and our mental well being. The environment can affect health is beyond question - think only for a moment of the impact of pollution on the human body. Our physical and built environments, as well as the natural world around us, can also affect our mental well being and our mental health. This presentation will briefly explore the mechanisms of the relationship between mental health and the environment, the role of stress in the genesis of disease, the mediating effects of nature and offer a review of some of the literature pertaining to mental health and the natural environment.

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

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**RESIDENT:** Lin, Khing Su, PGY-5  
**SUPERVISOR(S):** Hearn, Taryn, MD, FRCPC  
Bonnell, Weldon, MD, FRCPC

### BACKGROUND/INTRODUCTION:

Traditionally, access to supportive housing for those with mental illnesses has been governed by the *treatment first* model. This approach has been criticized for lack of evidence indicating success. The *housing first (HF)* model has been explored globally as an alternative, and has been found to improve access to community services while maintaining total service costs.

### OBJECTIVES:

To see how the Front Step HF initiative has impacted the use of medical and psychiatric services in St. John's, Newfoundland through:

1. the number of emergency department visits;
2. the number of inpatient admissions;
3. the total days of hospitalization in a given year;
4. the length of admissions;
5. the number of outpatient clinic appointments attended;
6. the number of outpatient clinic appointments missed.

These metrics were measured for 18 months pre-HF and post-HF intervention.

### METHODOLOGY:

42 participants in the Front Step program provided consent and were enrolled in the study. Their anonymized service usage data was obtained from the Eastern Health and analyzed using a paired-samples t test. Health care cost data was obtained from the Canadian Institute for Health Information.

### RESULTS OBTAINED AND CONCLUSION:

Research is ongoing and will be completed by May 2019.

### DISCLOSURE STATEMENT:

No disclosures.

## A QUALITATIVE ANALYSIS OF RESIDENT DOCTORS OF CANADA'S RESILIENCY CURRICULUM: FEEDBACK FROM THE LEADERSHIP MODULE AT ICRE 2018

**RESIDENT:** *Leekha, Aarun, PGY-5*  
**SUPERVISOR:** *Bonnell, Weldon, MD, FRCPC*

### INTRODUCTION:

In 2014 Resident Doctors of Canada (RDoC) began developing a skills-based resiliency curriculum for resident physicians in Canada. This training is based on the Road to Mental Readiness Program created by the Canadian Armed Forces, and by the Working Mind Program taught by the Mental Health Commission of Canada. Resident physicians often work in a high stress system, one in which they can face significant adversity.

RDoC has a complementing leadership module created specifically for those with administrative or leadership responsibilities working in the postgraduate medical realm. The leadership module has been delivered at Faculty of Medicines across the country and at conferences on residency education. Following all of the presentations in the resiliency curriculum, RDoC actively seeks feedback to aid in the continuing development of the content and how it is delivered.

The leadership module was presented at the 2018 International Conference on Residency Education (ICRE) in Halifax, NS. This presentation was designed to be delivered to residency program administrators (PA), postgraduate medical education office staff, and was also open to physicians and others at the conference.

### OBJECTIVES:

While providing the resiliency presentations across the country, review of the formalized feedback is necessary to continuously improve how the presentation is delivered and the content within. This study is to assess for deficiencies in, and characterize the feedback provided, from the presentation of RDOC's Resiliency leadership module from the 2018 ICRE.

### METHODOLOGY:

A qualitative analysis of feedback was undertaken following the presentation at ICRE. Feedback forms were distributed to all participants present. Participants were informed that this feedback will be analyzed and used to improve the curriculum should they choose to fill out the forms. The questionnaire is comprised of a total of 5 questions. Three questions with a Likert scale from 1 -5 with space to provide more information, along with 2 open-ended questions, and then space for general feedback. Of the 33 attendees counted, we received a total of 26 feedback forms.

### RESULTS OBTAINED:

A total of 26 responses were collected and analyzed. The overall feedback from the participants was positive. The themes that were identified using the data: (1) Program administrators felt the workshop provided useful tools to help support residents (avg score 4.58/5, median: 5, mode: 5); (2) following the workshop there was variability in the feeling of preparedness to champion resident resiliency (4.19/5, 4, 5); and (3) the small group format was appropriate (4.62/5, 4, 5).

### CONCLUSIONS:

Program Administrators and PGME staff are eager to be more involved with the wellbeing of resident physicians. By providing this workshop to this population, it will aid in the knowledge of availability, and increase the frequency of use of this resident-based workshop as a resource. A segment of the workshop that may be not as robust, was specific tools and suggestions for PA's to use when working with residents one on one.

### SYNOPSIS:

Program administrators of medical residency programs are invested in the resiliency of the residents they work with and are interested in further ways to engage with and aid resident physicians with their health and wellbeing.

### DISCLOSURE:

No financial relationship to disclose. I am a Board member of Resident Doctors of Canada, and the Co-Chair of the Resiliency Curriculum for Resident Doctors of Canada. I was a co-presenter of this workshop at ICRE 2018.

### REFERENCES:

Available upon request.

## USER PERCEPTIONS OF THE CANADIAN ACUITY TRIAGE SYSTEM

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**RESIDENT:** Hurley, Anne, PGY-5  
**SUPERVISOR:** Noble, Sarah, MD, FRCPC

### BACKGROUND/INTRODUCTION:

Emergency departments are busy and have lengthy associated wait times. It has been shown that emergency departments are experiencing more complex psychiatric emergencies, which can be contributing to increased wait times. These lengthy wait times are negatively associated with psychiatric patient care. Structured triage systems have been implemented to help both the organization and flow of patients being seen based on their assigned level of psychiatric urgency. These systems assess presenting complaints and a triaged evaluation of symptoms allows patients to be assigned to a particular risk classification. The risk classification assignment facilitates the organization and flow of patients by determining appropriate wait times and the sequence in which patients must be seen by medical professionals. One such triage system is The Canadian Triage and Acuity Scale (CTAS; Bullard, Unger, Spence, & Grafstein, 2008), which was introduced in 1999 by a national working group, consisting of The Canadian Association of Emergency Physicians (CAEP), National Emergency Nurses Association (NENA), l'Association des médecins d'urgence du Québec (AMUQ), and the Society of Rural Physicians of Canada (SRPC). This working group found that the Canadian Triage and Acuity Scale (CTAS) is an important tool for the initial triage of patients to prioritize patient care. CTAS was introduced to the psychiatric assessment unit at the Waterford Hospital in St. John's, Newfoundland in November of 2018. Introducing organizational change, such as the implementation of a new triage procedure, can be a difficult task and it can have an impact on workplace morale. New processes can change the way tasks are performed, alter the organizational structure, and sometimes eliminate responsibilities or even jobs. Therefore, it's critical to evaluate employee morale and reception of a new procedure after a new process is put in place.

### OBJECTIVES:

1. Determine user satisfaction with the new CTAS emergency department triage system.
2. Determine areas for improved implementation.

### METHODOLOGY:

The research methods for this study will follow a qualitative approach. Data collection will occur by means of semi-structured interviews. Individuals with experience in the new CTAS as well as the previous triage systems were invited to participant in the study with a focus on individuals most effected by the implementation of CTAS (psychiatric nurses at the psychiatric assessment unit, psychiatric residents, and family physicians working in the psychiatric assessment unit).

The semi-structured interviews followed a guiding script which included the following questions: What is your perception on the use of CTAS? Has CTAS improved patient care? Has CTAS facilitated you in providing patient care? Which difficulties have you met while using this triage system?

The interviews were scheduled and conducted in a place provided by the head of the nursing unit. Interviews were transcribed verbatim. The interviews were analyzed primarily through thematic analysis.

### DISCLOSURE STATEMENT:

At the time of abstract submission data analysis was still ongoing thus results and conclusions are to be determined. As this research endeavor looks at quality assurance and quality improvement measures, no research ethics was required.

### REFERENCES:

Bullard MJ, Unger B, Spence J, Grafstein E, CTAS National Working Group. Revisions to the Canadian Emergency Department Triage and Acuity Scale (CTAS) adult guidelines. CJEM. 2008;10(2):136–151.

## RESIDENT WELLNESS AT MEMORIAL UNIVERSITY IN NEWFOUNDLAND AND LABRADOR: ANALYSIS OF LOCAL RESULTS FROM RESIDENT DOCTORS OF CANADA'S 2018 NATIONAL RESIDENT SURVEY

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**RESIDENT:** *Curtis, Julia, PGY-5*

**SUPERVISOR:** *Bonnell, Weldon, MD, FRCPC*

### BACKGROUND/INTRODUCTION:

In Canada and across the globe, physician and resident wellness has become increasingly recognized as an area of paramount importance. Much research has been focused on the concept of physician burnout, which is described as a psychological syndrome comprised of emotional exhaustion, fatigue, symptoms of depersonalization and feelings of low career satisfaction and accomplishment (Rikinkumar et al., 2018). Burnout is now recognized as a multifactorial phenomenon involving both individual and healthcare system factors. It has been associated with high rates of major depressive disorder, substance use disorders, suicidal ideation, suicide attempts and completions amongst physicians, high physician turnover rate, high rates of medical errors and malpractice risk and poor patient satisfaction and quality of care (Drummond, 2015. Wallace et al, 2009). Research in this area has demonstrated that physicians, and in particular physicians completing their residency training or within their first five years of practice, suffer from higher rates of “burnout” and are more likely to report having low resilience than longer practicing physicians (CMA, 2018). In an effort to understand physician and resident wellness, as well as barriers to wellness, numerous local and Canadian medical organizations have completed surveys regarding various aspects of physicians’ physical and mental health. These include the Newfoundland and Labrador Medical Association’s 2013 Physician Health Survey (which subsequently informed the development of a more comprehensive care program for physicians in Newfoundland and Labrador), the Canadian Medical Association’s 2018 National Physician Health Survey conducted in 2017 (results published in 2018) and Resident Doctors of Canada’s (RDoC) 2018 National Resident Survey. While it is noted that both the recent CMA and RDoC surveys yielded comparable results, the focus of this study is the analysis of the RDoC survey results for Residents of Memorial University in Newfoundland and Labrador. Alarming, in the 12 months preceding the survey, 29.1% of Newfoundland medical residents that responded to the RDoC survey question endorsed experiencing suicidal ideation and 15.6% endorsed seriously considering attempting suicide (RDoC, 2018). Analysis of this data aims to identify program and location differences (where data is available) regarding measures of depressed mood, anhedonia, suicidal ideation, contemplation of attempting suicide as well as experiences of intimidation and harassment.

### OBJECTIVES:

1. To examine if there are statistical differences and potential correlation between province of training and measures of depressed mood, anhedonia, suicidal ideation, contemplation of attempting suicide as well as experiences of intimidation and harassment.
2. To examine if there are statistical differences and potential correlation between residency program and measures of depressed mood, anhedonia, suicidal ideation, contemplation of attempting suicide as well as experiences of intimidation and harassment.
3. Observed differences may serve to inform or direct programs, services or interventions for residents in programs that are associated with high risk of burnout and effects associated with burnout.



**METHODOLOGY:**

In 2017-2018, RDoC committee members researched and contributed validated questions regarding residents' experience of intimidation and harassment, symptoms of burnout and suicidal ideation for the National Resident Survey that was subsequently distributed nationwide in 2018. The data was collected and categorized by RDoC. Each provincial house organisation was provided with survey results for their province. This study will use statistical analysis to identify if there are statistically significant differences and potential correlations in endorsed experiences of intimidation and harassment as well as symptoms of burnout between provinces and program of training.

**RESULTS OBTAINED:**

Research is currently in progress.

**CONCLUSION:**

Research is currently in progress.

**SYNOPSIS:**

Research is currently in progress.

**DISCLOSURE STATEMENT:**

I have no conflicts of interest to disclose. As this study involves analysis of previously collected and available data, ethics was not required. Permission was obtained from RDoC to use the survey results for this study.

**REFERENCES:**

Canadian Medical Association National Physician Health Survey: A National Snapshot. (2018). Obtained from <https://www.cma.ca/sites/default/files/2018-11/nph-survey-e.pdf>

Physician Wellness: Priorities and Practices for Action. (2013). Newfoundland and Labrador Medical Association Position Paper. Obtained from [https://www.nlma.nl.ca/FileManager/Wellness/docs/Physician\\_Wellness\\_-\\_Priorities\\_and\\_Practices\\_for\\_Action\\_2.pdf](https://www.nlma.nl.ca/FileManager/Wellness/docs/Physician_Wellness_-_Priorities_and_Practices_for_Action_2.pdf)

Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors Related to Physician Burnout and Its Consequences: A Review. *Behav Sci (Basel)*. 2018;8(11):98. Published 2018 Oct 25. doi:10.3390/bs8110098. Obtained from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/#B1-behavsci-08-00098>

Resident Doctors of Canada 2018 National Resident Survey PARNL Report.

Wallace JE, Lemaire JB, Ghali WA. Physician Wellness: A missing quality indicator. *The Lancet*. 2009;374(9702): 1714-1721. Published November 2009. Obtained from <https://www.sciencedirect.com/science/article/pii/S0140673609614240>

## MENTAL HEALTH NURSING FOLLOW UP AND ATTEMPTED SUICIDE RISK REDUCTION

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**RESIDENT:** *Brennan, Jordan, PGY-3*  
**SUPERVISOR:** *Dolezalek, Jan, MD, FRCPC*

### BACKGROUND/INTRODUCTION:

Suicide continues to be a significant cause of mortality amongst Canadians, with suicide and suicide attempts associated with economic burden. Though it behooves clinicians to find evidence-based interventions to reduce suicide attempts, recent studies have shown our ability to use known risk factors to predict suicide is relatively poor. One such risk factor is recent discharge from psychiatric hospital, with recent meta-analysis suggesting suicide risk is highest in the three months post-discharge. Although there is some evidence supporting the idea that ongoing support and clinical follow up may reduce suicide, and suicide behaviors, lengthy waitlists for psychiatric assessment remain a reality in many regions. However, timely follow-up by a trained mental-health nurse for assessment and supportive intervention may be an effective means of preventing suicide and suicide attempts, in the absence of direct psychiatric follow-up.

### OBJECTIVES:

The primary objective of this proposed study is to determine whether or not referral to a mental health liaison nurse after discharge from a general psychiatric inpatient unit is successful in reducing the number of post-discharge suicide attempts. Secondary research objectives include investigating whether nursing referral reduces rate of completed suicide, and the association between missed nursing appointments, and rate of attempted suicide.

### METHODOLOGY:

The researcher proposes a case-controlled retrospective chart review of 50 cases discharged from a general psychiatric inpatient unit, with another 50 cases from the same unit used as case-controls. Chi-square tests will be conducted to ascertain association between nursing referral and attempted/completed suicide, and between missed nursing appointments and attempted suicide. Odds ratios and relative risk computations will ensue for any statistically significant associations. Likewise, the researcher will note the psychiatric comorbidities associated with each case, as well as rating each case's severity on the clinical global impression scale, as a measure of potential bias in the results (e.g. the tendency of psychiatrists to assign mental health liaison nurses to more severe cases).

### RESULTS OBTAINED:

Data collection ongoing

### CONCLUSION(S):

TBD

### SYNOPSIS:

Suicide and attempted suicide remain a focus of clinical concern in psychiatric care, with the 3 months after discharge from a psychiatric inpatient unit a particularly high risk time for suicide completion. The results of this study may help us determine whether or not timely mental-health nursing follow up post-discharge is a viable and evidence-based suicide prevention strategy.

## DISCLOSURE STATEMENT:

Author has no conflict of interest to declare.

## REFERENCES:

- Chan, K. Y., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor R.C., Kapur, N., & Kendall, T. (2016). Predicting suicide risk following self-harm: systematic review of risk factors and risk scales. *The British Journal of Psychiatry*, 209, 277-283.
- Chung, D.T., Ryan, C.J., Hadzi-Pavlovic, D., Singh, S.P., Stanton, C., & Large, M.M. (2017). Suicide rates after discharge from psychiatric facilities: A systematic review and meta-analysis. *JAMA Psychiatry*, 74(7), 694-702.
- Ghanbarri, B., Malakouti, S. K., Nojomi, M., Alavi, K., & Khaleghparast, S. (2015). Suicide prevention and follow-up service: A narrative review. *Global Journal of Health Sciences*, 28(5), 143-151.
- Inagaki, M., Kawashima, Y., Kawanishi, C., Yonemoto, N., Sugimoto, T., Furono, T.... & Yamata, M. (2015). Interventions to prevent repeat suicidal behavior in patients admitted to an emergency department for suicide attempt: A meta-analysis. *Journal of Affective Disorders*, 175, 66-78.
- Oyama, H., Koida, J., Sakashita, T., & Kudo, K. (2004). Community-based prevention for Suicide in elderly by depression screening and follow-up. *Community Mental Health Journal*, 40(3), 249-263.
- Statistics Canada (2009). Suicide rates: An overview. Retrieved from <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>.

## AWARDS

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### **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.


#### **GRAND ROUNDS AWARD**

This award is presented annually for the grand rounds that is most highly rated by the audience and reviewers.









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