

DISCIPLINE OF PSYCHIATRY

SCHOLARSHIP

DAY



June 17, 2022
Faculty of Medicine

MEMORIAL
UNIVERSITY

AGENDA

Time	Topic	Presenter
10:00	Welcome Address	Dr. Weldon Bonnell

Resident Research: In Progress

10:05	Attitudes of Psychiatry Residents on Medical Assistance in Dying (MAID) for Mental Illness	Dr. Emily Bolt
10:20	Assessing Psychiatry Residents Knowledge of Provincial Mental Health Legislation	Dr. Paul Pitts
10:35	Concurrent Addictions and Mental Health Mobile Psychiatry Clinic (CAMMP) – Pilot Program	Dr. Violet Campbell
10:50	Poetry and Psychiatry: An Integration of Literature and Psychiatric Education in Medical School	Dr. Eva Davenport
11:05	Dynamic and Static Functional Connectivity on a Relatively Fine Scale in Early Psychosis	Dr. Debra Dawson
11:20	The Effects of Allowing Smoking in a Designated Outdoor Area on Patient Aggression in a Previously Smoke-Free Psychiatric Inpatient Unit	Dr. Laura Gale
11:35	Healthcare Practitioner Observations Regarding Different Methods of Delivering DBT	Dr. Rebecca Harrison
11:50	Immigrant and Refugee Mental Health	Dr. Mahlodi Tau
12:05	Dispensation of Attention Deficit Hyperactivity Disorder (ADHD) Medications in Opioid Dependency Therapy (ODT) Clinics in Newfoundland and Labrador: Prevalence, Practice and Trends	Dr. Dakotah Janes

12:20	Lunch provided by sponsor Janssen Inc.	
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12:40	Keynote Address: Demystifying the HREB Process	Sharon Newman Ethics Director, Health Research Ethics Authority
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Resident Research: In Progress (Continued)

1:10	Telemedicine in Psychiatry: A Look at Satisfaction Levels in Patients and Clinicians	Dr. David Mo
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Faculty Research

1:25	American “Lady Doctor” Volunteers and the Grenfell Mission Before 1910	Jennifer J. Connor, PhD
1:45	The Bad, the Mad, and the Sad: Thoughts on Teaching the History of Psychiatry	J.T.H Connor BSc MA MPhil PhD FRHistS

Resident Research: Completed

2:05	Depression and Burnout in Postgraduate Medical Residents at Memorial University	Dr. Mingyang Wang
2:25	Retrospective Review of Anticholinergic Burden Before and After Psychiatric Hospitalization in Elderly Patients	Dr. Jessica Hung King Sang

2:45	A Formative Evaluation of Leveraging Existing Automatic Speech Recognition Tools To Instruct and Evaluate Learners in Psychiatry	Dr. Alain Bateman
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3:05	Afternoon Break. Beverages and snacks provided by sponsor Janssen Inc.	
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Resident Research: Completed (Continued)

3:15	Psychosis Management, Early Psychosis Intervention, Risk of Relapse, and Tools To Predict Relapse	Dr. Dave Lundrigan
3:35	Usage of Standardized Delirium Criteria, Screening Tools and the Adult Acute Care Delirium Order Set Among Residents at Memorial University of Newfoundland	Dr. Jordan Power
3:55	Rural Postgraduate Psychiatry Training in Canada: Availability, Incentives, and Barriers	Dr. Drea Uzans

Medical Student Research

4:15	Characterizing the Epidemiology, Etiology and Prognosis of Substance-Induced Psychosis and other Psychotic Disorder Presentations in the Child & Adolescent Population in Newfoundland and Labrador	Yaswanta Gummadi Class of 2023
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4:15	Adjudication	Dr. Paul Moorehead
4:30	Adjudication Feedback	Dr. Holly Etchegary Dr. Timothy Hierlihy
4:40	Discipline Awards	Dr. Kim St. John
4:55	Closing Remarks	Dr. Weldon Bonnell
5:00	Adjourn	

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KEYNOTE ADDRESS

Demystifying the HREB Process

PRESENTER:

Sharon Newman
Ethics Director, Health Research Ethics Authority

OBJECTIVES:

1. Clarify the roles of the HREA and HREB
2. Explain the HREB application process
3. Describe projects that require ethics approval and those that are exempt from ethics review
4. Outline researcher responsibilities

FACULTY RESEARCH

American “Lady Doctor” Volunteers and the Grenfell Mission Before 1910

AUTHOR:

Jennifer J. Connor, PhD
Professor of Medical Humanities, Discipline of Psychiatry

BACKGROUND:

Male physician volunteers with Wilfred Grenfell’s mission for British descendant fishers valued masculine, outdoor life for character-building service that they portrayed as escapist adventures in Newfoundland and Labrador. Although many studies exist of male physicians and female nurses who volunteered for Grenfell’s organization, “lady doctors”—as they were then called—have not attracted scholarly attention.

Women physicians advocated for similar preventive medicine and public health measures in their home country that Grenfell promoted for Newfoundland and Labrador, suggesting that some chose his nondenominational mission over a religious one overseas as both geographically close and aligned with their medical ideals.

OBJECTIVES:

This investigation builds on studies of both male physician volunteers and American support in the Grenfell enterprise before 1949 to analyze the experience of women physicians and determine their approaches to their volunteer service.

METHODS:

This preliminary study examines publications, biographical sources, and clinical accounts of two early volunteer women physicians, Alfreda Withington (1860-1951) and Emma Musson (1862-1913), and compares their experiences with other professional women in the mission at the time.

RESULTS:

The study shows that medical women incorporated their short volunteer experience through the Grenfell mission into a continuum of such service in their careers in the United States and abroad.

CONCLUSIONS:

These women physicians shared the view of their male counterparts that this kind of volunteer work in remote regions was adventure. However, as Withington discussed, this medical adventure added to the adventure of being a woman physician in a male-dominated profession at the time.

The Bad, the Mad, and the Sad: Thoughts on Teaching the History of Psychiatry

AUTHOR:

J.T.H Connor BSc MA MPhil PhD FRHistS (Full Professor)

BACKGROUND:

Recently, the Royal College mandated that all Psychiatry residents were to be instructed in the history of psychiatry during their training. At MUN, the first group of learners (PGY 1-3) undertook this additional work in 2021 with me as instructor.

OBJECTIVES:

1. To outline how this history module was constructed
2. To discuss the limitations of the exercise
3. To explore the richness and complexities of the history of psychiatry
4. To recap on how learners responded

METHODS:

Qualitative, with ne'er a quantitative chart, table, or graph in sight! I will chatter a way in plain English in an attempt to hold the attention of the audience for the allotted time. :)

RESULTS:

On the whole the exercise, although limited in scope, was successful. I would say that much of the success was grounded in the size of the group (about 15) as PGY-1-3 were all involved. This allowed for meaningful discussion, which often was reflected in the assessed writing component of the module. The goodwill of learners was also an important feature.

CONCLUSIONS:

This history of psychiatry module is worth repeating, even if it was not mandated by the Royal College. However, a caveat might be the small cohort of residents entering the programme in the coming year, which might inhibit discussion and reflection.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

RESIDENT RESEARCH: COMPLETED

Depression and Burnout in Postgraduate Medical Residents at Memorial University

RESIDENT:

Dr. Mingyang Wang, PGY-4

SUPERVISORS:

King, Rebecca, MD FRCPC
Bonnell, Weldon, MD FRCPC

BACKGROUND:

Burnout can manifest in physical, behavioural, and psychological signs and symptoms including exhaustion, sleep disturbances, substance use, mood disturbances, hopelessness, and deterioration of non-work-related aspects of life. In more extreme forms, this can be associated with clinical depression. Resident physicians may be at greater risk of burnout as they face pressures related to their training. Data from other jurisdictions suggest that physicians in-training are concerned about their own health and that of their colleagues, with reports of low job satisfaction and burnout. However, there is a scarcity of data on the mental health of resident physicians in Newfoundland and Labrador. Postgraduate medical learners provide care to patients across the province while abiding to academic and professional demands. Little is known about the level of burnout experienced by residents and whether they experience symptoms of depression.

OBJECTIVES:

The study aims to determine the presence and severity of burnout and depressive symptoms in postgraduate medical residents at Memorial University, to compare these measurements with respect to training stages and discipline, and to evaluate the perceived accessibility and barriers to services offered by the Office of Learner Wellbeing and Success (LWS).

METHODS:

All postgraduate medical trainees enrolled in a residency training program under Memorial University were eligible to participate. Anonymous data was collected via an online questionnaire. The study was introduced to participants during resident meetings through administrative residents. An email was also sent through the Postgraduate Medical Education. The primary outcome measures were depressive symptoms and burnout symptoms, measured by the Patient Health Questionnaire-9 and Professional Quality of Life scale, respectively. Demographic data and perceived accessibility of services provided by the Office of Learner Wellbeing and Success were also measured. ANOVA and two-tailed T-tests were performed on primary measures with respect to demographic factors including

postgraduate training program, level of training, marital status, call frequency, and intent to work in NL post-graduation.

RESULTS:

A total of 78 residents responded to the online survey, with 65 surveys completed after accounting for incompletes. Residents reported depressed mood or hopelessness (58%) and little interest or pleasure in doing things (68%) for at least several days of the week or more frequently. 16% reported suicidal thoughts. Depression scores revealed 29% of residents with none-mild scores, 35% with mild, 28% with moderate, and 8% with moderately severe scores. Burnout scores revealed 88% of residents reporting moderate burnout. No statistical significance was found in depression or burnout scores with respect to postgraduate training program, level of training, location of origin, marital status, call frequency, or intent to work in NL post-graduation. However, moderate burnout was associated with higher depression scores compared to low burnout. 31% reported very unlikely and 20% reported somewhat unlikely to participate in individual counselling offered by the Office of Learner Wellbeing and Success (LWS). When asked about the main barriers to participate in services offered by LWS, 49% reported not having the time while 14% reported that the services offered do not address their needs.

CONCLUSIONS:

Depressive symptoms and burnout are reported by a significant portion of residents at Memorial University. There also appears to be an association between greater burnout and higher depression scores. A significant portion of residents reported that they are unlikely to participate in individual counselling and that they do not have time for the services offered by LWS. Future studies should examine the functional impact of depression and burnout, and investigate interventions that can improve resident wellbeing.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

Retrospective Review of Anticholinergic Burden Before and After Psychiatric Hospitalization in Elderly Patients

RESIDENT:

Dr. Jessica Hung King Sang, PGY-5

SUPERVISOR:

Jat, Khalid, MBBS, FRCPC

BACKGROUND:

Medications with anticholinergic properties are widely prescribed in the elderly population but are known to produce adverse effects, including cognitive impairment, delirium, and falls. Higher anticholinergic burden, which is the cumulative effect of taking one or more medications with known anticholinergic activity, is a strong predictor for these adverse effects. Hospitalization is an important transition point that frequently leads to new prescriptions of anticholinergic medications but can also provide a key opportunity for prescribers to reduce unnecessary anticholinergic burden. Various scales exist to estimate anticholinergic burden, including the Anticholinergic Cognitive Burden (ACB) Scale.

There is a paucity in the literature pertaining to how psychiatric hospitalization of elderly patients impacts anticholinergic burden scores. Geriatric psychiatry patients are particularly vulnerable to high anticholinergic burden given physiologic effects of aging, polypharmacy, and use of anticholinergic psychotropic medications. Also of importance, anticholinergic medications counteract procholinergic drugs used in dementia treatment.

OBJECTIVES:

The primary objective was to evaluate how hospitalization on a geriatric psychiatry unit affects anticholinergic burden scores on discharge. Secondary objectives included identifying prescribing patterns and sociodemographic factors that could be associated with anticholinergic burden changes.

METHODS:

Ethics approval was obtained. A retrospective chart review included patients 65 years and older who were hospitalized on the geriatric psychiatry unit of the Waterford Hospital over an 18-month period. Patient demographics and medical data, including medication prescription lists on admission and discharge, were collected. Using the ACB Scale, anticholinergic burden scores were calculated for each patient on admission and discharge. Nonparametric statistical tests were used to compare anticholinergic burden scores and to assess significance of sociodemographic factors. A P-value of < 0.05 was considered statistically significant for all tests.

RESULTS:

To be determined.

CONCLUSIONS:

To be determined.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

A Formative Evaluation of Leveraging Existing Automatic Speech Recognition Tools To Instruct and Evaluate Learners in Psychiatry

RESIDENT:

Dr. Alain Bateman, PGY-2

SUPERVISORS:

Curran, Vernon, PhD., M.Ed.
Bonnell, Weldon, MD., MSc.

BACKGROUND:

Automatic speech recognition (ASR) has recently achieved accuracy rates allowing for human understanding of unedited output. Speech patterns in patients and physicians are fundamental to psychiatry.

OBJECTIVES:

We investigated ASR suitability to psychiatric interviews without specialized audio equipment. We chose to pilot ASR in a post-graduate psychiatry medical education context with standardized patients.

METHODS:

A rubric was developed to assess leading ASR technologies in: 1. standardized patient interview, 2. a reading of dense psychiatric terminology. Technologies were compared using accuracy and relevant features such as speaker diarization: the identification of a speaker when many are present.

Utility of ASR was captured using qualitative interviews with psychiatric residents. Seven residents were asked to interview a standardized patient. Transcripts of the interview were generated using the best performing ASR platform. Residents were then asked about their perception of the utility of the ASR transcript and the use of the technology in psychiatry education.

RESULTS:

All ASR platforms that leveraged cloud-based solutions performed with a sufficient level of accuracy to allow for human interpretation of their output without further editing. The non cloud-based solution had a borderline result. The essential speaker diarization feature was only sufficiently well implemented in the IBM solution. This was implemented for the resident interviews.

All residents felt the transcripts allowed for a meaningful review of the interview they had with their patients. All residents felt that ASR had a role in education in psychiatry. Five of the seven residents identified practice changing insights over the course of the exercise.

CONCLUSIONS:

Deployment of ASR in 2020 would likely ameliorate post-graduate education in psychiatry. Unfortunately, the solutions that achieve the minimally useful accuracy require communication over the internet with third parties. This presents a severe obstacle to its use in the form of patient confidentiality.

DISCLOSURE STATEMENT:

This researcher has no conflicts of interest to disclose. They receive no funding of any kind.

Psychosis Management, Early Psychosis Intervention, Risk of Relapse, and Tools To Predict Relapse

RESIDENT:

Dr. Dave Lundrigan, PGY-5

SUPERVISOR:

Ledrew, Kellie, FRCPC

BACKGROUND:

Recent research has shown that there is a “critical period”, where it is crucial to intervene in psychotic illness, of about 5 years after the onset of 1st episode psychosis. However, relapse of psychotic symptoms is a very common occurrence (80% of patients in 1st 3-5 years after 1st episode) that can be very discouraging to patients and costly to the healthcare system. Furthermore, each relapse is harder to treat, recovery is often less complete, and each relapse predisposes to the next within a shorter time period (Jorgenson et al, 2021). For these reasons, it is essential to have evidence based tools to predict if a patient is likely to relapse after a first psychotic episode.

OBJECTIVES:

1. To complete a literature review on relapse in early psychosis focusing specifically on factors that predict relapse and current tools that exist to predict relapse.
2. To initiate the validation process of a potential tool to predict relapse in early psychosis called the SEPRRA.

METHODS:

Initially a literature review was completed primarily using PubMed. Searches included articles dealing with common intervention techniques in early psychosis, factors that predict relapse of psychosis, and existing tools that predict relapse. Subsequently, 22 patients were recruited from the PIER program at the Waterford hospital who met inclusion criteria for the original protocol for validation of the SEPRRA. These patients were assessed by the case managers at PIER using the baseline SEPRRA and SEPRRA follow up scales over a 14 month period. (Sept 2020-November 2021). Relapse was defined as an increase in psychotic symptoms and CGI of 5 or greater. General results were analysed at the lead site in Montreal using SPSS. Individual domains from the SEPRRA tool for each patient were then analysed by a researcher at the Newfoundland site in order to provide more detailed descriptive results.

RESULTS:

3 of the 22 patients enrolled were either discharged before the completion of the 1 year study or lost to follow up. 6 of the remaining 19 patients relapsed at some point during the study. Total SEPRRA scores, CGI, and domain specific statistics are currently being

calculated at both the lead site in Montreal and by a research assistant in St. John's NL and will be presented at research day in June of 2022.

CONCLUSIONS:

Relapse after an initial psychotic episode can be extremely detrimental and difficult to treat. There are well known risk factors for relapse, however, no current scale exists to accurately predict relapse. The SEPRRA scale incorporates these risk factors and is a promising tool to use in clinical practice in the future. More studies with larger numbers are needed in order to determine validity for this instrument and if it can accurately predict relapse in this population.

DISCLOSURE STATEMENT:

Protocols and development of the SEPRRA were initiated and funded by the Canadian Consortium for Early Intervention in Psychosis.

Usage of Standardized Delirium Criteria, Screening Tools and the Adult Acute Care Delirium Order Set Among Residents at Memorial University of Newfoundland

RESIDENT:

Dr. Jordan Power, PGY-5

SUPERVISOR:

Mandeep Grewal, FRCPC

BACKGROUND:

Delirium is a frequently missed diagnosis and delayed diagnoses of delirium have been associated with greater mortality (Radtke, 2010). Delirium identification is improved when assessments tools such as the Confusion Assessment Method (CAM) are used routinely (Inouye, 1990). Eastern health policy states that CAMs are to be regularly completed by nursing staff for all inpatients with symptoms of delirium. Once physicians are notified of a positive result, they are to complete Eastern Health Acute Care Delirium Order Set. I am specifically interested in the usage of standardized criteria and screening tools for the diagnosis of delirium as well as the order set by non-psychiatric resident physicians at MUN.

OBJECTIVES:

3. Assess the frequency of usage of standardized criteria for delirium among residents at (MUN).
4. Assess barriers to the usage of standardized criteria for delirium among residents at MUN.
5. Assess the frequency of usage of screening tools for delirium among residents at MUN.
6. Assess which screening tools are subjectively used most frequently for delirium by residents at MUN.
7. Assess barriers to the usage of screening tools for delirium among residents at MUN.
8. Assess the frequency of usage of the delirium order set by residents at MUN.
9. Assess barriers to the usage of the order set by residents at MUN.

METHODS:

A survey will be created and distributed by email to all active non-psychiatric residents at Memorial University of Newfoundland. The survey will contain one question regarding consent and eight others assessing the above listed objectives.

RESULTS:

To be determined.

CONCLUSIONS:

To be determined.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

Rural Postgraduate Psychiatry Training in Canada: Availability, Incentives, and Barriers

RESIDENT:

Dr. Drea Uzans, PGY-5

SUPERVISOR:

Snelgrove, Tara FRCPC

BACKGROUND:

As of 2017 in Canada there were three Psychiatrists per 100 000 population in rural areas compared to 17 Psychiatrists per 100 000 population in urban areas. Furthermore, a greater proportion of Psychiatrists in rural areas were over the age of 55 compared with their urban counterparts. This raises concerns that the mental health needs of rural Canadians are relatively underserved. There is an urgent need to recruit Psychiatrists to rural practice in Canada. Studies undertaken in Canada and internationally have consistently indicated that a key factor in recruitment of physicians to rural areas is exposure to rural practice during training.

OBJECTIVES:

This study will aim to determine the availability, incentives, and barriers to Postgraduate Psychiatry rural training opportunities in Canada.

METHODS:

Survey of Postgraduate Psychiatry Program Directors and Psychiatry Residents across Canada.

RESULTS:

Pending.

CONCLUSIONS:

Pending.

SYNOPSIS:

Pending.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

RESIDENT RESEARCH: IN PROGRESS

Attitudes of Psychiatry Residents on Medical Assistance in Dying (MAID) for Mental Illness

RESIDENT:

Dr. Emily Bolt, PGY-2

SUPERVISOR:

Snelgrove, Tara, BSc, MSc, MD, FRCPC

BACKGROUND:

In June of 2016 the Canadian government passed legislation to legalize medical assistance in dying (MAID). There has been much discussion around this and eligibility criteria, which currently does not include sole mental illness. However, in March 2023 the federal government will pass legislation to legalize MAID for sole mental illness. This has garnished considerable concern. The question has been raised if patients with mental illness will disproportionately seek MAID more than those with chronic medical conditions, and if seeking MAID is a symptom of illness, rather than a primary outcome. Concerns have also been raised surrounding capability and capacity of individuals with mental illness to consent to MAID, while also respecting patient autonomy in these decisions. Further there is question if the socioeconomic stressors fundamentally experienced by individuals with mental illness and concurrent psychosocial stressors play a role in seeking MAID. National studies have been complete regarding psychiatrists' views and concerns about the new legislation, but there have been no studies addressing residents.

OBJECTIVES:

This study will look to determine psychiatry residents' attitudes towards MAID for mental illness, some proposed barriers and ways to address the same.

METHODS:

This will be a qualitative survey. Questions will be asked surrounding demographic information and current understanding of MAID legislation. Further questions will assess attitudes towards MAID for mental illness, proposed barriers to patient care and outcomes, and ways to address this, with the hopes to provide some insight into possible changes to legislation.

RESULTS:

Pending.

CONCLUSIONS:

Pending.

DISCLOSURE STATEMENT:

No conflicts of interest or disclosures.

Assessing Psychiatry Residents Knowledge of Provincial Mental Health Legislation

RESIDENT:

Dr. Paul Pitts, PGY-2

SUPERVISOR:

Latus, Andrew, B.A., M.A., Ph.D., M.D., FRCPC

BACKGROUND:

The Mental Health Care and Treatment Act is a legislative document outlining the responsibility and authority of those delivering mental health services to persons who are involuntary certified. The document outlines the criteria for involuntary certification and the procedures involved in the process. Studies in the UK assessing senior and junior physicians understanding of their mental health legislation revealed a lack of knowledge of many parts of the Mental Health Act. Failure to understand the rights, criteria, and procedures enclosed within the act raises the possibility of inappropriate use of mental health legislation. This can lead to the violation of patients' fundamental rights, erosion of the therapeutic alliance, complaints or litigation. Improved training with respect to the Mental Health Act for junior doctors was one of the main recommendations of a systematic review done by the Department of Health in England. Education has been shown to have positive effects on outcomes with respect to mental health legislature. There is an essential need to assess the understanding of the Mental Health Care and Treatment Act in psychiatry training and address any gaps in knowledge through modules, direct supervision, or observations through clinical examinations.

OBJECTIVES:

The purpose of this project is to assess the knowledge of psychiatry residents at Memorial University with respect to the Mental Health Care and Treatment Act of Newfoundland.

METHODS:

Residents will be tested with a pre-test, subsequent module, and post-test to gather understanding of baseline knowledge and knowledge after re-familiarization of core concepts.

Concurrent Addictions and Mental Health Mobile Psychiatry Clinic (CAMMP) – Pilot Program

RESIDENT:

Dr. Violet Campbell, PGY-1

SUPERVISOR:

Mercer, Robert, MD, FRCPC

BACKGROUND:

Concurrent Addictions and Mental Health Mobile Psychiatry Clinic (CAMMP) is a pilot program offering a one-time psychiatric consultation, by a psychiatry resident, to clients who present with mental illness and substance abuse/dependence. The inclusion criteria are adults (18+) who are not currently being followed by a psychiatrist. A suggested management plan will be provided to the primary health care provider. Patients without a primary health care provider can be referred to community clinics and will be managed by the referral source in the interim. Referral sites include Recovery Center, Opioid Treatment Center, Choices for Youth, Harm Reduction Clinic, Grace Center, and Downtown Health Collaborative. Patients will be assessed at their referral sites when possible. Alternatives include the Waterford Outpatient Department, or virtual assessment[VC1] via Zoom.

OBJECTIVES:

The goal for CAMMP Clinic is to provide access to a vulnerable population that could benefit from a psychiatric assessment and support primary healthcare providers with patients struggling with both mental health and addiction disorders. We acknowledge the long wait times for a psychiatric referral and the barriers patients face in accessing and maintaining these services. This pilot project aims to fill this gap in the community. Also, we believe this clinic can provide valuable learning experience for psychiatry residents in addictions medicine currently unavailable in St. John's NL.

METHODS:

Data collected from each assessment includes patient's MCP, age, gender, referral source, diagnosis, clinical global impression score, and level of training appropriate for assessment. Qualitative feedback from referral sources will also be collected.

Poetry and Psychiatry: An Integration of Literature and Psychiatric Education in Medical School

RESIDENT:

Dr. Eva Davenport, PGY-1

SUPERVISOR:

Bonnell, Weldon, B.Sc., M.Sc., M.D., FRCPC

BACKGROUND:

The field of medical humanities emphasizes medical education through an arts and social sciences lens. A 2019 survey showed that all 17 Canadian medical schools offered some form of humanities teaching, through bioethics, philosophy, and narrative reflection, with a call to provide more opportunities in the future. Psychiatry is a field that could benefit from additional humanities education, particularly in the study of poetry and prose, since psychiatry, like literature, is rooted in the exploration of emotion through interpretation of language and thought form. There are a number of proposed curriculums that aim to integrate literature with psychiatry teaching; however, they are targeted at pre-clerkship students who cannot yet reflect on their own clinical experiences, or they are proposals for how to incorporate a literature-based curriculum without studying the impact on learners themselves.

OBJECTIVES:

Assess the outcomes of using literary interpretation through close reading of poetry and prose as a tool for teaching medical school students about mental illness during their psychiatry rotation.

METHODS:

Students will participate in one to three small group sessions during their psychiatry clerkship rotation. Each session will pair two samples of poetry or prose from works related to mental illness and will include a close reading of the texts and a semi-structured discussion. Data will be collected from a written reflection from the facilitator and a separate feedback session with the students at the end of their rotation. The data will be analyzed using a qualitative, narrative approach to identify perceived learning outcomes from the students.

Dynamic and Static Functional Connectivity on a Relatively Fine Scale in Early Psychosis

RESIDENT:

Dr. Debra Dawson, PGY-1

SUPERVISOR:

Palaniyappan, Lena, MD, PhD. Professor at Western University

BACKGROUND:

Psychotic illnesses including schizophrenia are poorly understood in terms of the mechanisms underlying the symptoms patients experience. Similarly, available treatments have a range of results for patients, oftentimes not impacting their symptoms at all. The diagnosis of these illnesses is also based almost entirely on signs and symptoms, lacking a concrete biological measure or set of measures to rule it in. For these reasons, the study of populations with psychosis in order to gain new insight is a valuable pursuit.

OBJECTIVES:

We hypothesize that there are statistically significant differences in static and dynamic functional connectivity (FC) at a relatively fine scale between individuals with early psychosis versus healthy controls. It is our hope that these differences may prove useful clinically either as diagnostic measures, targets for therapeutic development, or simply as insights into the mechanisms underlying the signs and symptoms present.

METHODS:

In this study we will compute the static and dynamic FC in a group of individuals who have recently been diagnosed with a psychotic illness and statistically contrast these FC measures to the distribution computed for healthy controls. The FC will be computed using relatively fine-scaled regions defined in the brain, allowing for a more spatially precise characterization of the connectivity in this group than has typically been done. The data for this study will come from the Human Connectome Project Early Psychosis (HCP-EP) data bank. From the data set, we will use the available structural MRI, resting state fMRI, demographic, and behavioral measures.

DISCLOSURE STATEMENT:

I have nothing to disclose.

The Effects of Allowing Smoking in a Designated Outdoor Area on Patient Aggression in a Previously Smoke-Free Psychiatric Inpatient Unit

RESIDENT:

Dr. Laura Gale, PGY-2

SUPERVISOR:

Bonnell, Weldon, MD, FRCPC, MSc

BACKGROUND:

The prevalence of smoking is around two to three times greater in those living with mental illness compared to the general population, with the highest rates being reported among psychiatric inpatients (The Royal College of Physicians & The Royal College of Psychiatrists, 2013; Jochelson & Majrowski, 2006). While initially exempt from smoking bans, a 2011 study showed that 79% of psychiatric facilities in the United States were smoke-free (Schacht, Ortiz & Lane, 2012). Given what is known about abrupt smoking cessation and nicotine withdrawal, it has long been proposed that imposing smoking bans in this patient population could lead to increased aggression on the inpatient unit. Research in the area has shown mixed results, with some studies reporting increased aggression towards nursing staff (Campion et al., 2008), as well as higher rates of seclusion and PRN medications (Berge et al., 2015).

OBJECTIVES:

The objective of the proposed study is to determine whether the change in smoking policy, which allowed patients to smoke on a designated balcony adjacent to the previously smoke-free acute care inpatient units, had an effect on patient aggression.

METHODS:

In-progress. Methods will include analyzing previously collected qualitative (staff perceptions) and quantitative (survey, number of reported incidents of aggression) data from a set time period before and after the change in smoking policy.

RESULTS:

TBD.

CONCLUSIONS:

TBD.

DISCLOSURE STATEMENT:

There are no conflicts of interest to disclose.

Healthcare Practitioner Observations Regarding Different Methods of Delivering DBT

RESIDENT:

Dr. Rebecca Harrison, PGY-3

SUPERVISOR:

Bonnell, Weldon, MD, FRCPC

BACKGROUND/INTRODUCTION:

Dialectical Behaviour Therapy (DBT) is widely recognized as one of the most effective therapies for chronic suicidality and Borderline Personality Disorder (BPD). It has been adapted to treat adolescents with BPD traits. It has been established that caregiver involvement in adolescent DBT can improve treatment outcomes. However, the optimal method for caregiver inclusion has yet to be established. Various approaches to parental inclusion have been undertaken, including holding separate DBT skills groups for caregivers and holding combined caregiver-adolescent skills groups. No study has yet compared the efficacy of these two formats. Additionally, recent pandemic restrictions have led to implementation of virtual delivery of DBT at multiple centres.

OBJECTIVES:

To compare patient treatment outcomes between DBT patients in caregiver-separate and caregiver-combined DBT skills groups.

METHODOLOGY:

Qualitative descriptions of observed differences will be gathered from practitioners that deliver adolescent DBT groups in Newfoundland. These will then be reviewed to extract common themes.

RESULTS OBTAINED:

This study is currently in progress. No results have yet been obtained.

CONCLUSIONS:

Pending.

SYNOPSIS:

This is a preliminary, qualitative study to explore the qualitative differences observed by practitioners between various models of delivering DBT.

DISCLOSURE STATEMENT:

No conflicts of interest to disclose.

Immigrant and Refugee Mental Health

Dr. Mahlodi Tau, PGY-4

SUPERVISOR:

Bonnell, Weldon, MD FRCPC

BACKGROUND:

By the end of 2020, 82.4 million people worldwide were forcibly displaced and currently 26.4 million are refugees. In 2019, Canada provided refuge to 30,082 refugees. In Canada, twenty percent of the population is foreign born and forty percent of Canadian children have an immigrant background. Canada is the first officially multicultural society, welcoming the cultural and linguistic diversity. Although officially multicultural, culture does still have an impact on refugee and immigrant mental health. Canada, including Newfoundland and Labrador, continues to accept displaced people. Research has shown that having an understanding and awareness of their circumstances can improve clinicians' understanding of the illness experience.

OBJECTIVES:

Increased awareness of: 1. barriers to mental health services 2. effects of culture on health and illness 3. language and use of interpreters and/or cultural brokers on interviewing 4. understanding factors in the pre migration, migration and resettlement period and their impact on immigrant mental health 5. the healthy immigrant effect

METHODS:

Doing a presentation to different groups and conducting a survey before and after the presentation to glean the participants' understanding and knowledge.

RESULTS OBTAINED:

Unknown at this time.

Dispensation of Attention Deficit Hyperactivity Disorder (ADHD) Medications in Opioid Dependency Therapy (ODT) Clinics in Newfoundland and Labrador: Prevalence, Practice and Trends

RESIDENT:

Dr. Dakotah Janes, PGY-1

SUPERVISOR:

Luscombe, Kris, BSc, MD, FRCPC

BACKGROUND:

It is common knowledge in addictions medicine that there is a high prevalence of substance use disorder (SUD) and attention deficit hyperactivity disorder (ADHD) comorbidity. Opioid use disorder (OUD), arguably the most dangerous and severe SUD, is no exception. It appears to be very important to treat ADHD in this population as its symptomatology can complicate the course of a disease with an already poor prognosis. However, the most efficacious treatments for ADHD have significant abuse potential. An important question arises: are any best practice guidelines for this population of patients? What are the risks of dispensing these medications to this population? Is this a concern in our population? Can we make prescribing safer for patients and the general public?

OBJECTIVES:

Firstly, to assess the prevalence of OUD and comorbid ADHD in Newfoundland and Labrador. We then hope to answer the following questions: what medications are being prescribed? Are the medications prescribed in keeping with current best practice guidelines? Finally, are there any trends or inferences that we can take from this information to improve care and safety for patients with OUD and comorbid ADHD in NL?

METHODS:

Data will be gathered from the Newfoundland and Labrador Centre for Health Information (NLCHI), specifically HealthENL, to create an anonymized patient database of patients being concurrently dispensed ODT and medication to treat ADHD within NL for the purpose of completing a cross sectional study. Prevalence of long acting stimulants, short acting stimulants and non-stimulants in this population will be analyzed. Methods of data analysis are to be determined.

Telemedicine in Psychiatry: A Look at Satisfaction Levels in Patients and Clinicians

RESIDENT:

Dr. David Mo, PGY-4

SUPERVISORS:

Luscombe, Kris, MD FRCPC; King, Rebecca, MD FRCPC

BACKGROUND:

Telepsychiatry, which falls under the umbrella term of telemedicine or telehealth, involves providing psychiatric services over distance via a secure virtual platform, such as, video conferencing. Considered a leader in the field of telehealth, Memorial University of Newfoundland (MUN) pioneered a "Telemedicine Centre" in 1977 with the purpose of filling healthcare gaps in rural and remote regions of the province. Throughout the literature, there is a strong consensus that telepsychiatry increases access to psychiatrists. For example, one study in rural Ontario found that while 76.2% of patients felt that sessions were easier to attend online, 75.4% found they were able to see a psychiatrist quicker because of telepsychiatry.

Satisfaction towards telepsychiatry have been mixed. Schubert reported that while 96.3% of patients were satisfied with telepsychiatry, 81.6% found that it was as good as an in-person visit. However, physicians found issues with communicating virtually: 20.4% reported more difficulty with recognizing subtle facial expressions and 27.1% reported impaired patient-provider rapport online. Furthermore, a study conducted in St. John's, NL (n= 18 children and n=23 parents) found that while 94% of the children reported that they 'liked' videoconferencing, 29% actually preferred telepsychiatry. One study (n= 51 patients) reported less than ideal patient satisfaction when analyzing the usage of telepsychiatry services in first episode psychosis patients; many with recent history of homelessness or housing instability in urban Ontario. Some argue that telehealth should only be used as a last resort, with concerns over "loss of human contact" and lack of confidentiality online. During the pandemic of COVID-19, there has been an increase in the use of telemedicine in psychiatry and in Newfoundland via data from NLCHI. In a post-pandemic era, there is a paucity of data regarding the satisfaction of telemedicine versus phone interactions amongst both clinicians and patients.

OBJECTIVES:

The purpose of this study is to primarily determine the patient satisfaction levels of virtual care when given by video telehealth vs via telephone follow up. Another objective is to see if there are factors guiding the use of certain platforms in telehealth over others.

METHODS:

An online survey will be sent towards staff and residents of Eastern Health and Central health. The questionnaire will assess satisfaction on the use of telehealth for assessments and follow ups.

RESULTS:

Pending

CONCLUSIONS:

Pending

DISCLOSURE STATEMENT:

There are no actual or potential conflicts of interests to disclose.

MEDICAL STUDENT RESEARCH

Characterizing the Epidemiology, Etiology and Prognosis of Substance-Induced Psychosis and other Psychotic Disorder Presentations in the Child & Adolescent Population in Newfoundland and Labrador

MEDICAL STUDENT:

Yaswanta Gummadi, BHSc. (Honours)

SUPERVISOR:

Bonnell, Weldon, B.Sc., M.Sc., M.D. (Memorial), FRCPC

BACKGROUND:

Psychotic disorders often present in adolescence and delays in timely treatment are associated with poor long-term outcomes (1). Furthermore, first episodes of psychosis in adolescents are associated with greater diagnostic instability than in the adult population (2). Additionally, significant controversy remains regarding risk factors such as substance use and development of chronic psychotic disorders. We sought to enrich the literature by exploring the local patterns of psychoses in adolescents in Newfoundland.

OBJECTIVES:

Our primary objective was to characterize the epidemiology of youth in Newfoundland presenting with substance-induced and other psychoses including sociodemographic, psychosocial and medical factors. Our secondary objective was to identify any association between sociodemographic data or admission severity and future onset of psychotic disorders.

METHODS:

We conducted a retrospective chart review using Eastern Health's Meditech of patients admitted to the Janeway psychiatry unit (J4D-Psych) presenting with substance-induced psychosis and other psychotic presentations between January 2010 and June 2021. We collected sociodemographic data (age, gender etc.), admission data (length of stay, medications) and psychosocial and medical history. We also identified patients' prognosis including admissions to adult psychiatry and future diagnoses.

RESULTS:

There were a total of 68 admissions for psychosis to the Janeway psychiatry unit between January 2012 and June 2021. A disproportionate burden of admissions originated from Labrador Health region relative to other jurisdictions. Further descriptive and analytical findings will be shared during the presentation.

CONCLUSIONS:

A high level of admissions from Labrador Health may reflect both barriers to adequate mental health resources as well as increased risk factors among the local youth population. We were limited in analysis by our sample size and to the Eastern Health Meditech database. Future studies may include young adult presentations of psychosis (age 18-25) and allow more comprehensive assessment of sociodemographic factors and larger samples for purpose of statistical analyses.

DISCLOSURE STATEMENT:

We have no conflicts of interest to disclose regarding this project. This project was not funded by any government or private commercial organization.

AWARDS

THE JANSSEN RESEARCH AWARD

The Janssen Research Award is presented annually to the psychiatry resident who is chosen for best completed 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 postgraduate 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 RESEARCH IN-PROGRESS AWARD

This award is presented annually to the psychiatry resident who is chosen for best research in-progress presentation.

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. *To be presented in September 2022.*