The Ontario *psychiatric* outreach PROGRAMS

ANNUAL REPORT 2005-2006

Partners

University of Toronto Psychiatric Outreach Program [UTPOP]

Queen's Psychiatric Outreach Program [QPOP] at Queen's University

Extended Campus Program at the University of Western Ontario [ECP]

Northern Academic Health Science Network

Northeastern Ontario Medical Education Corporation
NOMEC
CEMNO
Corporation d'éducation médicale du nord-est de l'Ontario

NOMP
Northwestern Ontario Medical Programme
HEALTH SCIENCES NORTH

Northern Academic Health Science Network [NAHSN]

Northern Ontario Francophone Psychiatric Program [NOFPP] at the University of Ottawa

McMaster University

James Bay Psychiatric Outreach Program at McMaster University

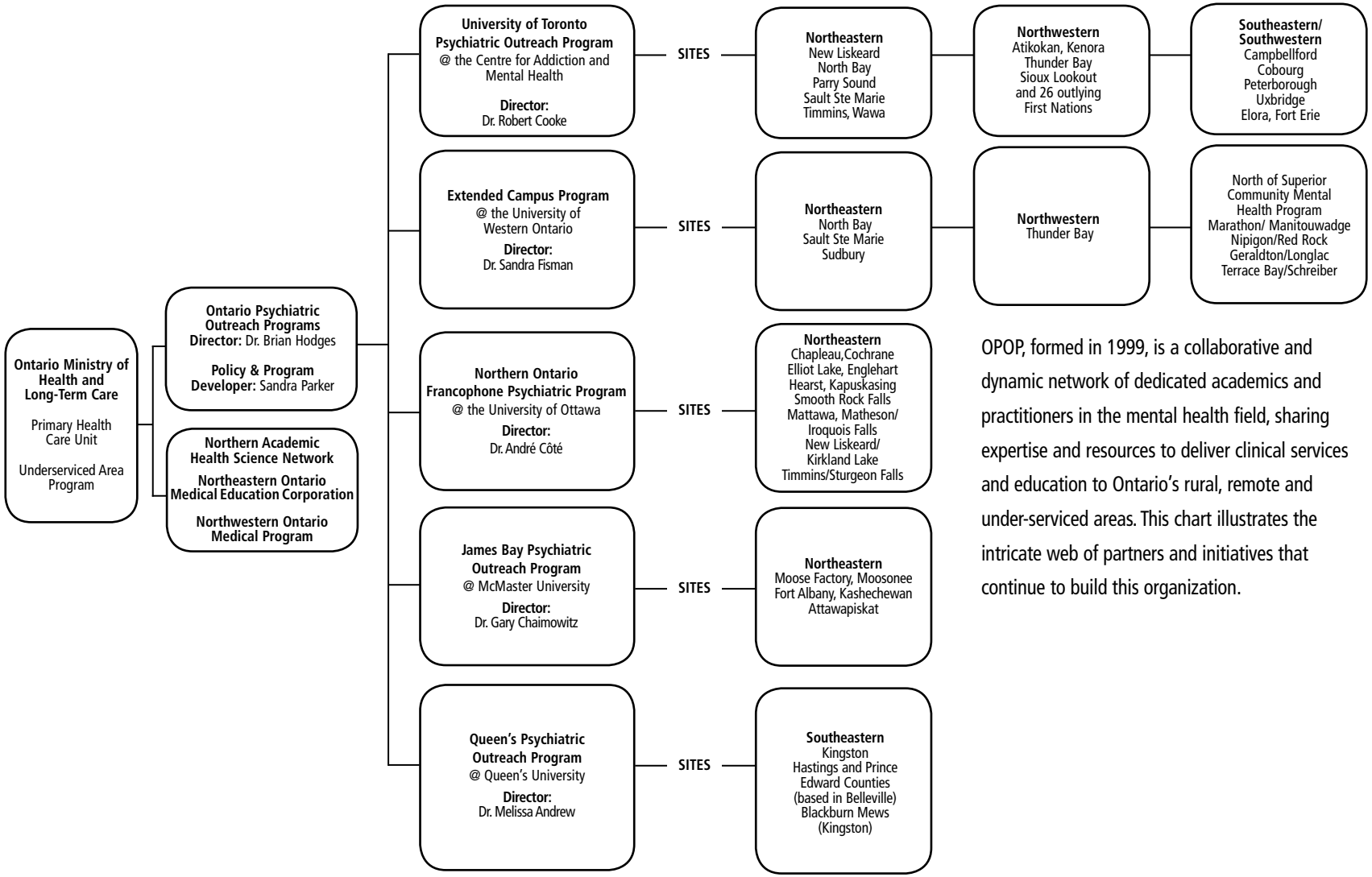
camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Ontario

Ministry of
Health and Long-Term Care

Mission

Ontario Psychiatric Outreach Programs (OPOP) is committed to providing clinical service, education and support of the highest quality to communities throughout Ontario, particularly communities that are rural, remote or considered under serviced in terms of mental health care. We will continually strive to provide multidisciplinary, contextually relevant, community-oriented service and education.



OPOP, formed in 1999, is a collaborative and dynamic network of dedicated academics and practitioners in the mental health field, sharing expertise and resources to deliver clinical services and education to Ontario's rural, remote and under-serviced areas. This chart illustrates the intricate web of partners and initiatives that continue to build this organization.

Dr. Brian Hodges

Sandy Parker

Director's Message

2005 marked a milestone for the Ontario Psychiatric Outreach Programs (OPOP). Created on the cusp of the new millennium, OPOP has been working for five years to address the clinical and educational needs of rural, remote and under-serviced areas across Ontario. We are very proud to have become leaders among all medical specialties in establishing the most extensive provincial network for clinical consultations and education. While some variability remains in access to services, we now have a consolidated database of services available across communities in the province and a mechanism to respond to unmet needs in an increasingly timely and effective fashion. The creation of an Access to Clinical Services Committee in the past year has greatly advanced the collaboration among member programs in OPOP, helping to identify gaps and duplications in services. Numerous cooperative efforts involving our different partners have served to broaden our undertakings, notably, provision of francophone initiatives to communities otherwise serviced by our anglophone programs, transfer of support for consultants operating in isolation, more integrated programs within communities, and coordination of schedules where duplication or communication gaps existed. We are undertaking a satisfaction survey in communities across Ontario to assist us in evaluating our success in integrating and delivering comprehensive services cost-efficiently and effectively. Results of this survey are being tabulated and will be made available at our special annual retreat in the fall of 2006, which will also feature discussion of work to date on the extensive five-year review of OPOP services and consideration of work ahead.

On the education side, through our Education Committee (Ontario Post-graduate Psychiatric Education Network, OPPEN), OPOP has made enormous strides in the decentralization of residency training and the provision of long-term core rotations in Northern communities. Our extensive survey of graduates from the University of Toronto program over a 12-year period (documented in *The Canadian Journal of Psychiatry,* Vol. 51, No. 4, March 2006) clearly illustrates that the fly-in model has been enormously effective for training psychiatrists who provide consultation to rural, remote and under-serviced areas after graduation. However, the other message from this research is that the short-term exposure provided by fly-in experiences for residents does not lead to residents locating in rural, remote or under-serviced areas. Longer-term residency is better accomplished through on-site, long-term core rotations. Beginning in 2001, OPOP made a major effort to establish such core rotations and, so far, success is evident. Already, three residents who completed half or more of their Royal College training in the North have graduated and located in North Bay, Sault Ste. Marie and Thunder Bay. Another resident from Thunder Bay is expected to graduate in December 2006. As the Northern Ontario School of Medicine expands its post-graduate capacity, much of this activity will shift under its auspices. However, it will continue to be important for the OPOP

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network to encourage an interest in general psychiatry and rural and remote training in all six Ontario medical schools. Related to this, OPOP's resident group has undertaken a fascinating project to develop the Royal College CanMEDs Roles, specifically for general psychiatry and rural training. Our residents are making a presentation at the Canadian Psychiatric Association 2006 meeting and the OPOP retreat.

It has been an enormous pleasure for me to watch the growth of our outreach to a large comprehensive Clinical Service and Education Program, and further, to see the integration and spirit of collaboration of all six medical schools in the province, with a raised profile of activities among faculty, residents and the public. Given our tremendous achievements, the collegiality I enjoy and the wonderful individuals with whom I work, it is with mixed feelings that, in September 2006, I will be stepping down as Director of OPOP after five years at the helm and 12 years after founding the University of Toronto Psychiatric Outreach Program.

I believe universities must be concerned with the most critical issues facing societies they serve. I am gratified that we have discovered and nurtured effective solutions over the years, particularly in exposing our students to rural and remote settings that provide unique and enriching experiences. This exposes them to a wide range of roles and responsibilities, serves to enhance all competencies of psychiatry, creates a self-sustaining support network among the residents and with other medical professionals in agencies and other parts of the community, and broadens their perspectives and flexibility as practitioners.

I leave the Program at a time when I am confident a very large cohort of clinicians, residents and community partners has a strong interest in sustaining a rich and equitable model of clinical service delivery and education in every community in Ontario. I would like to express my sincere thanks to the Directors and administrative staff at each one of our partner programs and, in particular, to highlight the central role of Sandy Parker as planner and administrator of all OPOP programs over the past five years. Sandy has contributed greatly to the spirit of OPOP and has assured its financial and operational excellence. To all members and associates of the OPOP family, I am deeply grateful for your insight, inspiration and support.

Program Director

Dr. Brian Hodges

Clinical Services

Clinical outreach services form part of OPOP's tripartite mandate, next to education and research. Since March 2005, clinical services are the direct responsibility of the Access to Clinical Services Committee (ACSC), reporting to OPOP's Steering Committee. This section puts the spotlight on key new and ongoing initiatives and presents a global chart showing clinical and educational activity for the past five years.

ACSC

The Committee's terms of reference were reviewed at the ACSC meeting in Ottawa in September 2005 and approved at the Steering Committee meeting in November 2005. Under its mandate, as determined under the Terms of Reference, ACSC advocates for and coordinates fly-in, drive-in and telepsychiatry consultation in under-serviced areas of Ontario and is developing a best practice model for service delivery in response to individual community requests, matching needs with available resources through a province-wide inventory. It collaborates with other outreach programs, including the Child and Youth Telepsychiatry Program (SickKids), Thunder Bay and North Bay. In 2005-06, Committee membership was expanded to include Queen's and McMaster, in addition to UTPOP, ECP and NOFPP, which are the initial founding partners. ACSC has been co-chaired by Dr. Jean-Guy Gagnon from the Northeast Mental Health Centre in Sudbury (consultant psychiatrist with both NOFPP and ECP) and OPOP's Sandy Parker. A list of consultants – experts from different networks and/or fields and sub-specialties – has been developed as a resource to the Committee, to be called upon for advice as appropriate.

Urgent Locums, Visiting Specialists Clinics, Telephone Support Project

NOFPP, UTPOP and ECP provided clinic visits through urgent locum and visiting specialists clinics programs. OPOP not only kept pace with the demand but increased clinic visits over the previous year (see accompanying OPOP combined statistics for clinical and educational activities). Ongoing recruitment efforts and continuing education initiatives (facilitated by videoconferencing) for on-site psychiatrists and primary care physicians at the Northern sites are responsible for this increase in clinical service, which includes OPOP's reach to the more remote aboriginal and francophone communities of the province. Last year UTPOP took part in a pilot project with CAMH – the CAMH-UTPOP Telephone Support Project. The Underserviced Area Program provided seed money for this initiative. The six-month pilot project, initiated in October 2005, is anchored on a 24-hour toll-free call-back service to family physicians, social workers and clinicians in Northern, rural and under-serviced areas of Ontario requiring assistance with questions related to specific cases or general situations. Response has been strong, with continued promotion of the service within the medical community, and UTPOP hopes to continue to take part in this initiative with continued approved funding by the UAP.

Provincial Inventory

Work is in progress on the provincial inventory for delivery of clinical services, aimed at eliminating overlap and filling the gaps in under-serviced areas, for better coordination and more efficient planning overall, custom tailoring services to meet specific community needs. A database was constructed for input and analysis of incoming information. A three-part survey was developed, targeting programs that are OPOP funded and delivered, not OPOP funded and delivered, and delivered by other agencies – in both clinics and hospitals. The inventory listings include names of communities, points of service, and consultant names and respective specialties. The key areas of focus are frequencies of visits, complementary services provided between site visits (e.g., telepsychiatry),

non-medical/non-psychiatric (e.g., case nursing), educational services and case management. The initiative involves liaison with the Ministry, which has also embarked on a broader separate medical inventory project.

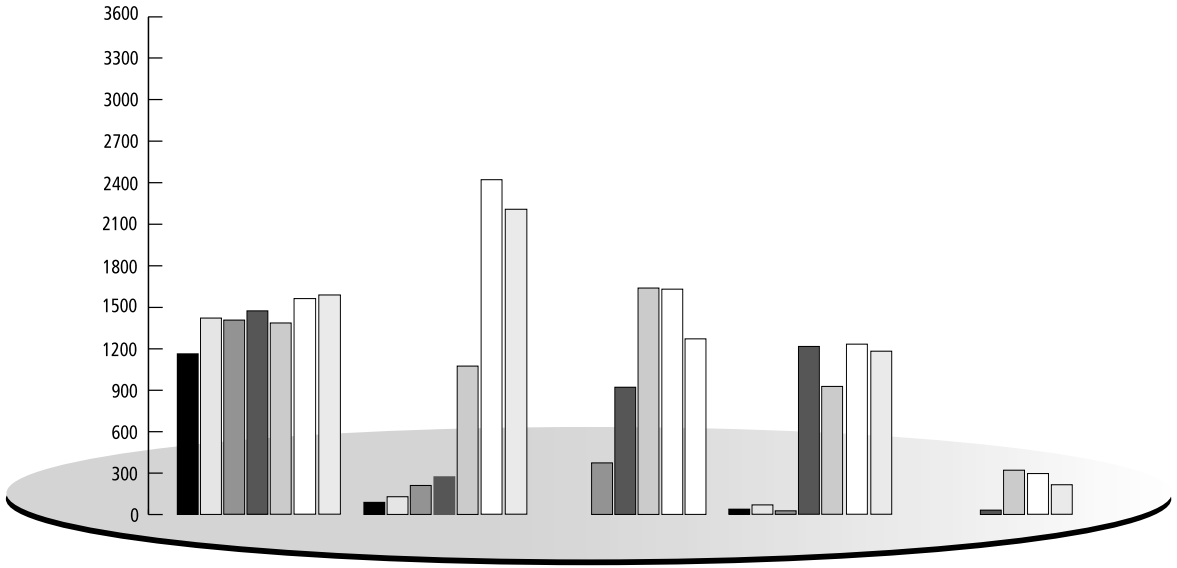
Satisfaction Survey

A bilingual satisfaction survey designed to be completed online was sent to hospitals and mental health agencies served by OPOP (NOFPP, UTPOP and ECP). Results of this survey, which will help OPOP increase and improve clinical services, will be part of OPOP's five-year evaluation to be reported on at the 2006 fall OPOP retreat.

OPOP pays tribute to all clinical consultants, who dedicate many hours providing fly-in clinical services and continuing education. (Contributing consultants are acknowledged, by name, at the end of this Annual Report.)

*OPOP COMBINED STATISTICS**

January 01, 1999-March 31, 2006



	Number of Consultant Days	Number of Resident/Medical Clerk Days/Electives	Number of Resident Core Rotation Days**	Number of Telepsychiatry Sessions	Number of Distance Education Sessions
■ 1999	1161	98	0	46	0
□ 2000	1413	148	0	59	0
▩ 2001	1409	206	365	27	0
■ 2002	1464	258	911	1215	46
□ 2003/04	1392	1058	1647	936	319
□ 2004/05	1562	2424	1641	1243	297
□ 2005/06*	1592	2212	1260	1167	219

*Includes ECP, NOFPP, UTPOP & Division of Child Psychiatry (Sick Kids)
(2005-2006-Queen Statistics Not Included)
**UTPOP 2004-2005 = 6 core rotations; UTPOP 2005-2006 = 1 core rotation

Dr. Robert Cooke

University of Toronto Psychiatric Outreach Program

The University of Toronto Psychiatric Outreach Program (UTPOP) enjoyed another productive year of clinical service, education and program development, in collaboration with our Northern partner sites and other academic and administrative collaborators.

Clinically, we had our busiest year to date, providing in excess of 1,000 days of service to Northern Ontario and Nunavut, including an increase of more than 100 days to the Ministry of Health and Long-Term Care Visiting Specialist Clinic and Urgent Locum sites. Residents continued to seek the opportunity to accompany staff on outreach trips, with more residents than ever inquiring about these short elective trips. However, the actual number of electives did not increase over previous years, possibly because of timing conflicts due to the much more demanding schedule for final year oral exams implemented in the past year.

Telepsychiatry consultation numbers rebounded after a drop last year, which had been due to flood damage at our busiest partner studio, in Campbellford. In fact, we doubled the previous year's consultation numbers, at 167 sessions. With CAMH assuming ongoing responsibility for funding the North Network telehealth linkage at its two sites, and the recent merger of North Network and other provincial telehealth networks, we expect steady ongoing growth in this activity.

One area where our activities have been reduced, at least for the moment, is in supporting psychiatric resident core and selective training blocks at the three Northern academic sites of North Bay, Thunder Bay and Sault Ste. Marie. The main impetus for UTPOP involvement in this remote training was the influx of four "re-entry" residents and a Northern stream resident into the University of Toronto psychiatry training program in the past six years, motivating the University and Northern partners to export blocks of training to their home communities. These five pioneering recruits formed a critical mass, attracting other residents to sample rural training, and the phenomenon peaked in the second half of 2003, with nine psychiatry residents from the Toronto program simultaneously training in the North. However, by 2005, with two of the re-entry residents having completed their psychiatry training and two others doing mandatory senior rotations in Toronto, only the Northern stream resident continued to train in the North. Despite the sense that a first wave of Northern psychiatry education has passed, it is exciting that the first two graduates have returned to their original communities to practice psychiatry as planned, and have taken up University appointments. Perhaps they, and the others as they move on to psychiatric practice, will play a key role in recruiting a second wave of re-entry residents. Certainly, they will continue to collaborate with UTPOP and other Southern partners in education and innovative programs, as well as enriching the roster of psychiatric faculty for the Northern Ontario School of Medicine.

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Two new initiatives were launched during the year. In light of the reduced resident training in the North, and flowing from recommendations from the annual UTPOP retreat, we focussed more of our efforts on expanding our continuing education offerings to the North, in partnership with local experts. I am pleased that Dr. Paula Ravitz agreed to take a leadership role in this endeavour.

We also partnered with CAMH in implementing a novel telephone consultation initiative for rural family physicians in need of psychiatric advice. Modelled on CAMH's established Addictions Clinical Consultation Service, the Mental Health Clinical Consultation service was launched as a pilot program in September 2005. Calls are initially fielded by a CAMH librarian who can provide written resource material from a pre-approved list by fax or email, and who then passes the request on, as appropriate, to a psychiatrist or pharmacist. In keeping with UTPOP's mandate, the service was first advertised and promoted in Northern Ontario. At the start, about two calls a week came in, and the physician clients rated their satisfaction with the service quite highly. The pilot has been extended into the new year.

Also in 2005-06, a research paper reporting on the clinical practice of psychiatry graduates who had participated in outreach as residents, written by staff of UTPOP and OPOP, was accepted for 2006 publication in *The Canadian Journal of Psychiatry.* As well, both Achira Saad, Clinics Coordinator, and I had the opportunity to attend the Canadian Society for Telehealth meeting in Winnipeg, where I presented a paper on our use of videoconferencing to support rural resident education. In addition, under the stewardship of Thérèse Millette, Education Coordinator, UTPOP relaunched to positive reviews our popular quarterly newsletter, now named *UTPOPCulture,* thanks to Dr. John Teshima's creativity.

Once again, I would like to acknowledge Achira, Thérèse, and Ava Rubin, Evaluator, for their tireless work, and also to thank the outreach psychiatric education sub-committee Chair, Dr. Sam Packer, and all UTPOP consultants and partners for ensuring a successful year.

Dr. Robert Cooke
Program Director

Dr. Tony Pignatiello

"The pediatric telepsychiatry program is a critical initiative to confront issues of access and shortage of resources, support, knowledge and training in rural, remote and under-serviced areas of Ontario."

Child & Youth Telepsychiatry

The Hospital for Sick Children, Toronto

A service of consultation and education utilizing live interactive videoconferencing technology, with funding from three Ministries (Northern Affairs, Community and Social Services [currently the Ministry of Children and Youth Services] and Health) has been running since 1997, thanks to the visionary and cooperative efforts of Jeff Hawkins, Executive Director, Algonquin Child and Family Services in Parry Sound, and Dr. Susan Bradley, Head of the Division of Child Psychiatry, University of Toronto.

Following a successful three-year pilot, the Ministry of Community and Social Services awarded Dr. Bradley's group an initial one-year contract with a two-year renewal for an expanded telepsychiatry program to provide service and education to children, youth and their families through their local children's mental health agency. Ten rural and Northern under-serviced children's agencies were named by the Ministry, which supplied capital equipment. The Hospital for Sick Children (SickKids), Toronto, was designated the "Hub" site, and the formal Telepsychiatry Program was initiated in 2000. In July 2001, four additional sites in Northeastern Ontario were accepted. The Ministry of Children and Youth Services continues to fund the Program, with some support from SickKids. Currently, 14 primary sites, with satellite locations, are connected to the Hub site via ISDN lines; an IP connection is being explored. Service can also be accessed by any children's mental health agency in Ontario with compatible technology.

As demand for service has increased, the infrastructure and on-site core staff complement have also expanded, including a Program Director, a Medical Director, an Administrative Assistant, a Senior Secretary/Clinical Assistant, an Intake Worker, a Head of Northern Services and a Coordinator of Education. Qualitative research has been contracted to a Population Health Scientist with the Hospital. Seventy-five faculty (almost exclusively child psychiatrists) with varying areas of expertise and interest within the Division of Child Psychiatry are potentially available to provide consultations (20 attend weekly or monthly). A quarterly newsletter, *Short Circuit,* keeps consultants apprised of relevant information in the Program, including research findings.

Through the diligent efforts of staff and consultants, consultation requests are accommodated within three to five weeks from initiation, or within 48 hours for urgent situations. Impressions and recommendations are provided verbally, immediately after the consultation, and a written report is ready within 10 working days. Follow-up consultations are available if necessary/requested. From May 2000 through March 2006, 3,435 clinical consultations were provided, of which 23 per cent were follow ups, 20 per cent with Native clients, and six per cent in French. Most frequent, typical diagnoses based on clinical impressions have included ADHD, Oppositional Defiant Disorder, Mood and Anxiety Disorders, Relationship Problems and Learning Disabilities.

In addition to clinical consultations, the Program functions under five "umbrellas": administration, program consultations, education, special initiatives (addressing specific needs of the Native community and of youthful fire setters) and evidence-based evaluations.

Results from studies of service provider and care-giver perspectives concluded that pediatric telepsychiatry is a much-needed and welcome service, albeit with some frustrations and limitations. There is enhanced capacity of service providers with a reduction of burden on care-givers. Family members and clinicians, overall, felt strongly supported through their consultation experience. Consultation via videoconference is commonly cited as "the next best thing to being there". A proposal for a research grant has been submitted to address perspectives of the young patients/clients, the only voices yet to be heard.

From an education perspective, telepsychiatry can be used for continuing education for participants and supervision of trainees at distant sites, and exposure and supervision of trainees/professionals at the Hub site. Between 2002 and 2006, there were 583 visits at the Toronto site by medical students, psychiatry residents, fellows and others. It is now a requirement that psychiatry residents attend two telepsychiatry consultations during their six-month core rotation in child psychiatry; they are very welcome to participate further. Electives are also offered; two residents have participated for six months each in the past year.

Continuing education was initially based on a multi-step needs assessment. Single and multi-part seminars covering a broad range of child mental health topics are provided, where interactive teaching methods are emphasized. From 2000 to March 2006, 86 sessions on topics such as Cognitive Behaviour Therapy, Behaviour Management and Adolescent Psychotherapy have been addressed with more than 2,000 participants. Despite occasional technological challenges, telepsychiatry is generally considered a cost-effective, appealing experience for trainees; seminars can be delivered successfully to multiple and diverse distant sites according to principles of effective continuing education. In the past year, the average cost of this service component was $54.79/ participant/session.

In September 2005, a Quality Management team was established and is ready to pilot a protocol evaluating clinical consultations from multiple perspectives. Future directions include exploration of additional models of service delivery and relationships with other professionals, programs and Ministries. International connections with Great Ormond Street Hospital in London, England, through a mutual initiative of sharing in psychiatry grand rounds, have been established. Collaborative efforts have also been initiated with telepsychiatry programs in the United States and Australia. Psychiatrists and other children's mental health professionals from Thunder Bay have become the first to join in psychiatry grand rounds at the Hospital for Sick Children on a regular basis, as a pilot for potential further expansion.

Dr. Tony Pignatiello
Program Director

Northern Ontario Francophone Psychiatric Program

Dr. André Côté

"This report recognizes our connectedness, strength and aspirations for longevity as partners in outreach."

The Northern Ontario Francophone Psychiatric Program (NOFPP) incorporated with OPOP in 2000. This review provides an opportunity to document our background and to take stock of our development and successes as OPOP celebrates its fifth anniversary, recognizing the traditional hallmarks of this milestone: our connectedness, strength and aspirations for longevity as partners in outreach. However, before I begin, I want to apologize to all who have contributed to NOFPP over the years but who will not be mentioned here for lack of space or simply due to a memory that does not improve with age.

NOFPP was created in 1981, at the University of Ottawa, following the discovery of significant problems of access to psychiatric care in French in francophone communities of Northern Ontario. *(The Heseltine Report: Heseltine, GF. Towards a Blueprint for Change: A Mental Health Policy and Program Perspective: Discussion Paper. Toronto: Ontario Ministry of Health 1983)* With the support of Dean Gilles Hurteau and Dr. G. Sarwer Foner, Chair, Department of Psychiatry, faculty assumed responsibility and management of a program created a few years prior, involving a team of psychiatrists from McGill University under the direction of Dr. Maurice Dongier. A member of the initial team, Dr. Alec Ramsay, leaves us this year after more than 20 years of dedicated service. With continuing Dean and Chair cooperation, the Program has progressively increased enrolment and service centres. Today we offer clinical services to 13 mental health centres and hospitals in Northern Ontario through 11 psychiatrists from Quebec and Ontario.

At the outset, it was thought that by assigning the Program to a university, resident training supervisors would help new psychiatrists become aware of the special needs of remote areas by bringing them closer to these communities during their preparation period. NOFPP's ties with OPOP enabled us to place a greater emphasis on this aspect of the Program. Furthermore, assigning to U of T's Department of Psychiatry the management of the entire residency training program in remote areas facilitated the difficult administrative task related to its implementation and oversight. With respect to clinical services, our bi-monthly administrative meeting via teleconferences led to improved service management while avoiding service duplications and permitting planning for better coverage of under-served regions of the province. Two committees were recently created: one to answer the Program's academic needs (OPPEN), the other (ACSC) clinical needs. *(Activities of both groups are detailed later in this Report.)* They are essential to the growth and maintenance of quality services in the regions. Psychiatric care is increasingly complex given the influx on the market of new prescription drugs and diagnostic techniques. It is essential that psychiatrists' knowledge be up to date. Moreover, it is critically important that research, teaching and services be grouped under one roof. This allows Program psychiatrists to offer mental health community services staff and their doctors psychiatric services of high quality comparable to services provided in urban centres. The development of new audio-visual technology allows us also to implement televideo consultation services with our Northern partners.

This technology, still young and promising, seems to be well accepted by clinical staff and their clients. Its future development will help shorten the distance between the doctor's office and patients and will become an essential tool for outreach services. We organize from our Ottawa studios telepsychiatry sessions on a regular basis with most mental health centres that were equipped in 2001 under the Canadian Health Infostructure Partnership Program (CHIPP).

As to the future, without being pessimistic, it is unlikely the present shortage of psychiatrists will be resolved in the near term. Having been personally involved in the '70s in remote areas, I have not noticed any marked improvement in this field, despite reports and efforts of governments and medical associations. Recruiting work outside the country has led to temporary solutions, since hired psychiatrists soon moved to urban centres where their services are in greater demand as opposed to remote areas. Due to these factors and many others, if we are to provide quality service to the whole of Ontario, we must find formulae that will allow us to do so with our present complement of professionals. The ACSC is studying this problem and wants to identify a model of practice that will answer efficiently and professionally psychiatric needs of these communities. The psychiatrist must be a consultant, an educator as well as a leader, since doctors are still hesitant to entrust their patients to local mental health teams (for multiple reasons). Psychiatrists working as consultants to doctors and mental health centres can, to a certain extent, reassure their colleagues that intake and follow-up services provided will have the best medical input and treatment for their patients.

Audio-visual telepsychiatry should permit us to add more consultant services to those already provided by visiting psychiatrists. We will look into hiring psychiatrists who for various reasons cannot travel into the regions but who would be available to team up with visiting doctors to serve better certain communities. This is indeed an innovative program, the implementation of which will need the help of various levels of government and medical associations to build an infrastructure to obtain the necessary financial backing.

Finally, I want to thank the Program psychiatrists who leave their practice on a regular basis to respond to the needs of remote areas. Government and medical associations should not overlook the sacrifices they make by neglecting to evaluate properly their service. If the financial incentives are neither maintained nor improved, one could foresee, in the short term, the disappearance of a service that took years to build up, and that, according to our surveys, seems to answer adequately the needs of a population whose access to services is limited due to their remote location. I also want to acknowledge the tremendous contributions of Hélène Geoffroy, who has managed the Program for 20 years along with her other commitments, and the efforts of Carmen Larouche, permitting me a "golden" retirement while continuing to be involved in the Program.

Dr. André Côté
Program Director

Dr. Sandra Fisman

Extended Campus Program

"ECP has contributed to a cohesive, unified approach to planning outreach services in the North."

Significant external systemic drivers and administrative changes with respect to provision of mental health care throughout Ontario have had a direct impact on our Program over the past five years. These changes inspired us to revisit the vision and the mission of the Extended Campus Program (ECP) in 2004 in the context of meeting the growing needs of ECP members in under-serviced areas of Ontario with respect to clinical service and education.

As a part of ongoing responsibilities, ECP continued to develop and to maintain the OPOP website for all our partners in the North and collaborating Departments of Psychiatry. Our analysis of the website traffic report indicates that it remains a frequently visited source of information on education, provision of mental health care and outreach activities of Ontario medical schools.

As a founding OPOP member, Extended Campus, at the University of Western Ontario, Department of Psychiatry, together with other affiliated partners, has contributed to a cohesive, unified approach to planning outreach services in the North. ECP has been an active participant in the newly established Access to Clinical Services Committee of OPOP, particularly in the work conducted on identifying all existing outreach services in the North with respect to face-to-face and telepsychiatry services.

ECP continued its coordination of the fly-in psychiatric services to the North of Superior Programs (NOSP). In spite of drastic budget cuts, which affected this Program in 2004, consultants from London resumed clinical visits to Nipigon, Geraldton, Longlac, Marathon and Manitouwadge after the lengthy strike by NOSP employees.

Dr. Abraham Rudnick, the Program's Clinical Director, has also explored the possibility of developing a shared care delivery model and implementing telepsychiatry as a cost-efficient initiative for these services.

In addition, locum services and clinical consultation to Thunder Bay via Tele-health have continued.

As of February 2006, telepsychiatry has facilitated sharing the Department of Psychiatry Continuing Medical Education (CME) Rounds with the Lakehead Psychiatric Hospital in Thunder Bay through collaboration with Videocare. This represents an initial step in the promotion of a strategy for telepsychiatry.

In conclusion, I would like to thank the OPOP management, Dr. Brian Hodges, OPOP Director, and Sandy Parker, Policy and Program Developer, for their ongoing support of ECP over the past five years. Moreover, I am indebted to all faculty members of the Program for their significant contributions to service delivery and education in Northern Ontario.

Dr. Sandra Fisman
Program Director

Queen's University Psychiatric Outreach Program

Over the past year, psychiatric outreach at Queen's University persisted in building on its expanded attention to clinical services across a broad spectrum of ages and diagnoses, covering geriatrics, child, general adult and developmental disabilities. Education activities – tied to a longstanding move from discipline-specific models of knowledge to multi-disciplinary expertise – were reinforced with the new CanMEDS initiative *(full report in* **Education***).*

Since 2001, when the Geriatric Psychiatry Program at Queen's joined OPOP, health services delivery and educational opportunities for local health professionals have grown steadily, providing patient care to a diverse population demographically and geographically. A large part of Eastern Ontario is covered, including portions of Prince Edward, Hastings, Northumberland, Lennox & Addington, Frontenac, Lanark, Leeds & Grenville counties, as well as urban Kingston. Consultation is provided in individual homes and retirement residence facilities, through both outpatient/ambulatory and outreach teams, with a focus on immediate and long-term requirements, and facilitating knowledge exchange between primary care and mental health providers.

The Program's overriding goals are to provide assessment and intervention based on best practices, modifying as appropriate to particular situations and constituents, and connecting all concerned participants cost-efficiently and effectively. To this end, shared-care approaches continued to be fostered with physicians across the catchment area communities. Affiliated geriatric psychiatrists participated in both regional and provincial specialist-family medicine mentoring programs. The division is a major partner in the development of a National Toolkit for Collaborative Care in Geriatric Psychiatry, a resource that, once fully developed, will likely be particularly valuable for practitioners in rural areas. Efforts were sustained on an innovative project launched in 2004, aimed at optimizing the primary care of older adults with mood disorders, utilizing outreach and cooperative approaches, based on randomized clinical trials for collaborative treatment (PRISM, IMPACT and PROSPECT) and anchored on alignment of specialty geriatric mood practitioners with community family practitioners. Moreover, the ongoing SEED ([S]upport and [E]ducation for Family Doctors Focus on the [E]lderly with [D]isorders in Mental Health) project has served to support primary care practitioners, with a focus on mentorship, which is realized through "Doctor's Lounge" electronic sessions and small group, community-based discussions.

The Division of Child Psychiatry maintains its base at Hôtel Dieu Hospital, providing outreach consultation service to multidisciplinary professionals working in community mental health care facilities for children and youth in the surrounding areas. Staff members continue their involvement with school outreach, telepsychiatry consultation, and distance educational development initiatives in collaboration with personnel in the outreach communities.

Adult psychiatry outreach extends to Amherstview and Napanee through a partnership with Lennox & Addington Community Mental Health Services. Regular consultation and some follow-up care are made available. Developmental disabilities outreach is conducted from Providence Continuing Care Centre – Mental Health Services for all neighbouring counties, as far north as Bancroft, three hours from Kingston, and includes both clinical and innovative educational initiatives.

As in the previous year, undergraduate psychiatry training rotations have provided clinical clerks with educational experiences in Brockville and Oshawa. Family medicine residents training at Queen's also have the opportunity for a psychiatry rotation in Oshawa, and all Queen's psychiatry residents have the opportunity to engage in the outreach activities described above.

Dr. Melissa Andrew
Program Director

James Bay Psychiatric Outreach Program at McMaster University

McMaster University

Over the past year, McMaster continued to sponsor and to undertake well-defined outreach initiatives for James Bay and Sault Ste Marie, building on longstanding regional outreach in Niagara, Brant, Haldimand and Halton. The Northern-focused program, comprised of clinical services and resident training, is delivered through the University's Faculty of Health Services, Department of Psychiatry and Behavioural Neurosciences, in collaboration with the James Bay Community Mental Health Program, Sault Area Hospitals and UTPOP (psychiatric care in the Sault), under my direction at St. Joseph's Health Care in Hamilton with assistance from my colleague Dr. Tony Carr.

The James Bay Program continues to be a major undertaking. A large range of support services was provided, notably, case management, dual diagnosis, court support and diversion, public education, follow-up and after-care for individuals discharged from hospital, self-help options to meet the needs of people with serious/persistent mental illnesses, and assistance to local providers dealing with alcohol/drug addictions crises, and gambling assessment and treatment.

We maintained monthly three-day visits to the west-coast communities of James Bay, through clinics in Moosonee/Moose Factory, Fort Albany/ Kashechewan, Attawapiskat and Peawanuk. Fly-in services to the primarily Cree communities, ongoing since 1992, included consultations with family physicians and close cooperation with the Program's native mental health workers. Patients continued to be seen in various settings, including the James Bay General Hospital (JBGH), community agencies and the Weeneebayko General Hospital (WGH). It is expected that the recently-announced Weeneebayko Area Health Integration Initiative project, funded by both federal and provincial governments, will unify a number of currently distinct and separately run programs (primary care, long-term care, nursing, mental health), merging the federal WGH with the provincial JBGH, resulting in more seamless health services planning and delivery to some 11,000 vicinity residents under an integrated First Nations Regional Health Authority.

In addition, we handled a growing number of case management plan requests from different provincial Ministries (Corrections for probation/ parole issues; Transportation, and Child and Family Services), which have continued to increase over the years. Among areas of attention were arrangements for detoxification and treatment placement.

Staff resources were augmented in the past year, with the recruitment of a regional clinician, based in Moosonee, specializing in crisis intervention and early episode psychosis.

Outreach to the Sault, going back more than a decade, was steady, keeping pace with 2004-05, at the previously-reduced level that has reflected continued decreased government funding. Main activities were consultations with family physicians and two-day outpatient clinics, conducted weekly within the Department of Psychiatry at the Sault Area Hospitals.

With the establishment of the new Northern Ontario School of Medicine (NOSM) this past year, a joint initiative of Lakehead University in Thunder Bay and Laurentian University in Sudbury, we continued dialogue with respect to resident training. (NOSM residency programs are offered throughout Northern Ontario in collaboration with McMaster and the University of Ottawa.) Post-graduate education is available in psychiatry, as well as in family medicine and general specialties such as internal medicine, orthopedics, pediatrics and obstetrics. We look forward to effective collaboration as the School develops and students graduate, with its unique emphasis on the special needs of the North and our shared commitment to contribute to these communities.

Dr. Gary Chaimowitz
Program Director

Education & Research

Almost half of the graduates participated in outreach electives to the northern and under-serviced sites of: Baffin Island, Campbellford, Cobourg, New Liskeard, North Bay, Sault Ste Marie, Sioux Lookout, Thunder Bay, Timmins, and Wawa.

Fairmont Royal York Hotel, June 2006. Photo taken by Howard Chow, Department of Psychiatry, University of Toronto

University of Toronto Department of Psychiatry Resident Graduates 2006

Dr. Abdullah M S N Al-Shamma, Dr. Simuran Kaur Brar, Dr. Katherine A. Cochrane-Brink, Dr. Kien Trung Dang, Dr. Vikas Duggal, Dr. Mark Fefergrad, Dr. Peter Giacobbe, Dr. Jasbir Kaur Gill, Dr. Benjamin I. Goldstein, Dr. Seena S.K. Grewal, Dr. Alina Rodica Iosif, Dr. Daphne J. Korczak, Dr. Georgios Koutsoukos, Dr. Andrew C.K. Law, Dr. Regina Ching-Yin Liu, Dr. Ahmed Mohamed Mansour, Dr. Christopher A. McIntosh, Dr. Alexandra M.C. McPherson, Dr. Lakshmi Ravindran, Dr. Siân Rhiannon Rawkins, Dr. David Walter Robertson, Dr. Karen Hope-Yin Shin, Dr. Gayla Beth Tennen, Dr. Lynn VandenBerg, Dr. Nishka R. Vijay, Dr. Giovanni Villella, Dr. Virgina Ann Wesson

Education

Education is a fundamental focus and function of OPOP, integral to the organization's purpose and mandate. In 2005-06, a number of significant new initiatives were undertaken and several ongoing activities were reinforced – all with a view to broadening specialized in-community and on-site educational programs in cooperation with local institutions and practitioners, and to enhance the knowledge, skills and experience of residents and partners in the North. This section highlights the many major developments and achievements, documenting work already completed, in progress and planned.

ONTARIO POST-GRADUATE PSYCHIATRIC EDUCATION NETWORK (OPPEN)

Entering 2005-06, OPPEN was pleased to see its roles reviewed and affirmed in new terms of reference. We continued to focus on collaboration in post-graduate education among the five universities and the two Northern educational networks, the Northwestern Ontario Medical Programme (NOMP) and the Northeastern Ontario Medical Education Corporation (NOMEC). The Northern Ontario School of Medicine (NOSM), Canada's newest medical school in more than 35 years, began its charter class in August 2005. One of its core tasks is to gain accreditation for a new post-graduate residency program by 2009. To this end, it maintained the strong ties established through Northeast and Northwest partnerships with the University of Ottawa and McMaster University respectively, while encouraging opportunities for pan-Northern and provincial collaboration. It became quite evident there was much complexity in the coordination of working relationships among six medical schools and five major Northern communities. The position of the Chief Northern Resident highlighted the issues and became a major focus for discussion. With agreement of the residency Program Directors, OPPEN assumed the responsibility for appointing the Chief Resident. We would like to thank our two previous Chief Residents, Dr. Lynn VandenBerg and Dr. Sam Wallenius, for their dedication, and to welcome Dr. Pam Johnson to her new role.

With a history of a substantial number of residents having undertaken core rotations in the North and the return of many graduates to Northern practice, we were able to begin examining salient aspects of Northern training. We sought to identify specific competencies gained through these enriched experiences. Dr. Melissa Andrew provided leadership to the project, "Enriching and Linking the CanMEDS Roles with the Northern context of Training and Practices", with a debut presentation by Dr. Andrew and seven residents at the OPOP annual retreat in Ottawa in September 2005. The work was favorably received and became a standing item on the OPPEN agenda. *(For CanMEDS detail, please refer to the companion report by Dr. Andrew.)*

Another major undertaking this past year was the "Evaluation of Northern Core Rotations" as part of the five-year review of OPOP. This project was most capably led by Dr. Ari Zaretsky, Director, Postgraduate Education, UT, Marie Mara, Program Coordinator, Postgraduate Education, UT, and Sandy Parker, Policy and Program Developer, OPOP, with an in-depth review of the education experiences and outcomes by residents who had substantial training in Northern Ontario.

A new initiative has been the sharing of Canadian Resident Matching Service (CaRMS) experiences and the identification of advocacy and promotional opportunities to increase applicant interests in Northern and rural CaRMS positions.

In all, 2005-06 has been an eventful and a most rewarding year with the advancement of a number of key educational initiatives, made possible through the generosity and dedication of the committee members.

Dr. Henry Leung

Co-chair

"As a specific initiative for 2005, OPPEN undertook to articulate and to refine aspects of CanMEDS roles most applicable to the Northern and rural educational context."

CanMEDS

Note: Originally, CanMEDS was an acronym for "Canadian Medical Education Directions for Specialists". Since its implementation into post-graduate medical education and its growing popularity worldwide, the name "CanMEDS" gradually came to represent the whole endeavour. The name was officially clarified by the Royal College in 2004. Anywhere in the world, it is now just known as "CanMEDS". The seven CanMEDS roles referred to in this report are: communicator, collaborator, health advocate, manager, medical expert/clinical decision-maker, professional and scholar.

As a specific initiative for 2005, OPPEN undertook to articulate and to refine aspects of CanMEDS roles most applicable to the Northern and rural educational context. "CanMEDS 2000 Framework", revised 2005, is currently used to guide curricular decisions at post-graduate training programs across Canada. Northern and rural rotations offer psychiatry residents unique opportunities to develop expertise in the CanMEDS competencies by virtue of the non-tertiary health systems where this training is offered.

A significant body of literature endorses situating psychiatry training in under-served areas as a means to further recruitment and retention of psychiatrists to these areas. Providing high quality psychiatry training rotations in Northern and rural settings, and offering all residents opportunities to avail themselves of these learning opportunities, are directions important to the future of psychiatric training in Canada. With the CanMEDS roles now integral to psychiatry training, it becomes crucial to identify the aspects of these competencies most relevant for Northern and rural rotations in order to guide supervisors in planning curriculum. Training objectives that reflect the elements of the CanMEDS roles particularly applicable to these rotations will help to prepare effectively graduates who will practice in these or other lesser-resourced settings, and will also serve as a tool for residents not necessarily bound for Northern/rural practice but wishing to tailor their own training to concentrate on developing certain competencies.

An analysis covering strengths, weaknesses, opportunities and tensions, for training in each of the seven roles, was undertaken utilizing the expertise of OPOP-affiliated, Northern-practicing clinicians, residents and administrative staff. This occurred during OPOP's 2005 annual retreat. All retreat attendees participated in a focus group for one of the seven CanMEDS roles. These focus groups were facilitated by a dedicated group of seven residents, each of whom had undertaken a significant component of post-graduate training in a Northern setting.

Dr. Melissa Andrew
Co-chair

DISTANCE EDUCATION

As documented earlier in this Annual Report, in keeping with a revised mission statement for the Extended Campus Program (ECP), we have undertaken several initiatives that we expect to expand going forward.

The theme of the ECP annual meeting, held October 2005, was enhancement of undergraduate and post-graduate education in distant and under-serviced areas across the province at sites collaborating with the Department of Psychiatry at the University of Western Ontario (UWO) Schulich School of Medicine and Dentistry. ECP leaders attended the retreat from Sudbury, Thunder Bay, North Bay and Sault Ste Marie. The Southwestern Ontario Medical Education Network (SWOMEN) was represented by its Academic Director for the rural sites. The faculty from the North and from the Southwest had an opportunity to share perspectives on issues specific to their geographical area of clinical and educational service. During the meeting, ECP members received a specific update on UWO's implementation and future directions of the utilization of CanMEDS roles in undergraduate and post-graduate training. Invited UWO residents shared with ECP members from the North impressions of training experience in the Southwest. Faculty members from the North discussed with UWO residents opportunities for electives and completion of core rotation training in the North.

In the past year, about 45 medical clerks from UWO completed six-week rotations in psychiatry at rural sites affiliated with our undergraduate program through SWOMEN. This association included Regional Mental Health Care in St. Thomas, Windsor Regional Hospital - Western Campus, Chatham-Kent Health Alliances, Stratford General Hospital and Bluewater Health in Sarnia. Students rotating in Windsor and Sarnia have been able to participate in the Department of Psychiatry teaching seminars by the facilitation of telepsychiatry through Videocare. Assigning medical students to these sites, while expanding the administrative workload, was mutually gratifying for our Department and our colleagues in the Southwest.

In 2005-06, we were pleased to assign two 3rd year medical students from the UWO undergraduate program for six-week psychiatric rotations in the North. Medical clerks rotating at the Sault Area Hospitals in Sault Ste Marie and the Lakehead Psychiatric Hospital in Thunder Bay provided positive feedback on their learning experience at these sites. We hope to extend our alliances in undergraduate education to other sites in Northern Ontario.

Also in 2005-06, Chatham-Kent Health Alliances, Windsor Regional Hospital, and Regional Mental Health Care in St. Thomas hosted residents from the UWO Department of Psychiatry, discussing new electives at their sites.

Electives opportunities in the North for UWO post-graduate trainees were publicized to residents and graduating medical students during CaRMS events in London in January 2006.

CONTINUING MEDICAL EDUCATION (CME)

The University of Toronto Psychiatric Outreach Program (UTPOP) continued to cultivate accredited psychiatric residency programs for trainees wishing to live and work in North Bay, Thunder Bay and Sault Ste. Marie. Core and elective rotations included training in both Northern- and Toronto-based, university-affiliated sites. Through these expanded and geographically dispersed post-graduate training opportunities, residents at Northern sites were able to acquire a breadth of supervision and training specifically relevant to rural practice and under-serviced communities.

This partially addressed the problem of psychiatry recruitment for under-serviced communities, as the residents who utilized this training stream were health care professionals from Northern communities, where they had a commitment to remain. It was evident that a further challenge, related to staff retention, was to enhance and to support continuing professional development opportunities through CME programs that would service both the newly-recruited staff and the longer-standing mental health care professionals who might be at risk of burn-out given the very high demands for service provision. Not only does CME foster ongoing professional growth, educate and inspire, it also serves to create cohesive communities of practitioners -- all of which can sustain morale and reduce burn-out while supporting high standards of practice.

Among recent CME activities:

1. North Bay: "Psychotherapeutic Fundamentals in Clinical Practice", held June 2-3, 2005, was coordinated by Dr. Dave Cochrane, who conducted a comprehensive learning needs survey in North Bay involving 80 clinicians, including psychiatrists, psychologists, nurses, general practitioners, RPNs and program managers. They expressed an overall interest in educational initiatives to enhance psychotherapy practice. Dr. Cochrane, Dr. Barb Crawford, Dr. Joanne Holtby and Dr. Ward Yuzda, all staff psychiatrics at the former North Bay Psychiatric Hospital and current Northeast Medical Centre, and University of Toronto faculty, organized a well-attended two-day accredited CME conference on integrative and comparative approaches to psychotherapy, including dynamics of the therapeutic relationship. Dr. Daniel Greben presented on integrative perspectives of psychotherapy, Dr. Ari Zaretsky on Cognitive Behavior Therapy (CBT) and Dr. Paula Ravitz on Interpersonal Psychotherapy (IPT). This was followed by break-out groups that addressed various problems such as the importance and challenge of maintaining therapeutic boundaries.

2. Sault Ste. Marie: Dr. Henry Leung organized several CME events in Sault Ste Marie. One, for a large group of inter-professional participants, focused on evidence-based brief therapies of CBT and IPT featuring University of Toronto faculty, Dr. Mark Lau and Dr. Ravitz. Another was an intensive, three-day workshop on CBT with Dr. Leslie Sokol from the Beck Institute. As well, through University Health Network, a CME-teleconferenced workshop in Psychopharmacology for nurses was organized by Dr. Sagar Parikh.

Plans are underway to organize several CME initiatives in 2006-07, collaboratively lead by both Northern- and Toronto-based faculty, utilizing 'in-vivo' didactic, interactive formats in combination with distance education. UTPOP will facilitate these CME programs in partnership with Toronto-based, university-affiliated, psychiatry hospital programs, including CAMH Education & Publishing Services and the Mount Sinai Psychotherapy Institute (MSPI), along with university-affiliated psychiatry programs and faculty from North Bay, Sault Ste Marie and Thunder Bay. UTPOP hopes these exciting educational initiatives will add to the longstanding tradition of CME programs in Northern communities, expanding, not replicating, professional development opportunities.

As of 2005, accredited, didactic weekly teleconferenced grand rounds are broadcast, linking faculty in Toronto, Timmins and Sault Ste Marie.

Proposed future CME initiatives:

1. Primary Care Psychiatry Course: Offered in conjunction with UTPOP and CAMH, this course is taught by Dr. Parikh with invited guest lecturers drawn from both Northern and Toronto-based University of Toronto faculty. Diagnostic issues, psycho-social treatments and

medications for key mood and anxiety disorders will be reviewed in detail. A key component of the course will be the integration of material from a World Health Organization program, "Mental Disorders in Primary Care", customized for Canada. The course will provide tips on building patient alliance, enhancing coping skills and increasing treatment compliance. The format will feature eight evening sessions of two hours duration, one evening a month, using web-broadcasting to overcome geographic barriers and to bring together learners and faculty from various settings. A small group format will be used to encourage questions. (October 2006-May 2007)

2. Anxiety Disorders: Diagnosis and Treatment: Anxiety disorders are the most common mental health problems. As reported by the Public Health Agency of Canada, 12 per cent of the Canadian population is affected by an anxiety disorder over the course of their lifetime. Given the high prevalence rates of anxiety disorders, the provision of education, training and supervision to outlying communities is one way to improve timely access to evidence-based treatments for clients across the province. CBT has been empirically shown as effective in treating anxiety disorders.

Assessment and treatment of anxiety will be the focus of this workshop, scheduled for April 2006, taught by University of Toronto faculty, Dr. Suzanne Allain (Thunder Bay) and Dr. Eilenna Denissoff (CAMH). Tele-video distance supervision is planned subsequent to the workshop to provide an effective outreach model of training and oversight.

3. Trauma-focused CBT (TF-CBT): Under the leadership of Dr. Eric Hood, UTPOP been doing outreach psychiatric consultation visits to Baffin Island for many years. This exciting CME initiative, lead by Dr. Allison Crawford, is part of a larger educational outreach project, funded by The Children's Miracle Foundation through CIBC Wood Gundy and the Department of Health and Social Services of Nunavut. It is undertaken in collaboration with UTPOP, Dr. Hood, MSPI, and Kathleen Duggan of the Qikiqtaaluk Region Department of Health and Social Services of Nunavut.

Trauma is recognized as an endemic health care problem that has a negative impact throughout the lifecycle, at the level of the individual, family and community. This skills-based workshop will help participants learn to identify trauma and its sequelae across developmental stages. A staged approach to managing common clinical presentations (suicidality, self-harm, dissociation, exposure to interpersonal violence, etc.) will be presented. The second workshop day will be tailored for a pre-selected subgroup of clinicians who will undertake further training in this trauma-focused intervention. TF-CBT, a short-term (12-16 weekly sessions), manualized treatment (1996; Cohen, Mannarino, Berliner, & Deblinger, 2000), is designed to help individuals overcome the negative effects of traumatic life events such as child sexual or physical abuse, traumatic loss, and exposure to violence or disaster.

Growing from a strong foundation of both post-graduate psychiatry program development and existing CME programs, in Toronto and Northern communities, UTPOP has planned several inspiring collaborative CME initiatives. These are intended to create opportunities for professional development, innovative integration of new technologies, distance learning and networking among mental health professionals in under-serviced areas.

Dr. Paula Ravitz

Dr. Lynn VandenBerg

A Resident Reflects

As a re-entry resident in psychiatry, I was extremely fortunate to have had an opportunity to do a large part of my training in Thunder Bay where I have practiced for the past 20 years. Just prior to this, OPOP had arranged for rotations in North Bay and Sault Ste Marie for Joanne Holtby and Anna Rogers. I was able to benefit greatly from the precedent set by these pioneering residents. At the time, the primary reason I wished to train in Thunder Bay was to be with my family. I was able to do general psychiatry, chronic care and rehabilitation, consultation liaison and an elective in concurrent disorders. I have realized since that the greatest asset to having done two-thirds of my rotations in the North is the excellent preparation for my plan of practising in the North. This advantage seems very self-evident but has only become a reality relatively recently through the vision and efforts of OPOP.

As I finish the remaining rotations in Toronto and look back on the entire experience, I realize I have had the best of all worlds. OPOP worked creatively and diligently to bring core seminars, psychotherapy seminars in IPT and CBT and supervision in IPT and psychodynamic therapy to Thunder Bay via video links. As a result, I became very comfortable with this medium. While doing my child and adolescent rotation at SickKids in Toronto, I was given the opportunity of doing three months of my core in telepsychiatry. I became more at ease with the consultation process with this technology. It is a much-needed skill for me in returning to practice in Thunder Bay as we serve the entire region of Northwestern Ontario. Now that I am rounding out my training in Toronto, I feel well equipped to face the challenges in that region. It was important for me to be in Toronto toward the end of my residency to study with peers and to participate in the many preparatory sessions for the Royal College exams. I also benefited greatly from the rich psychotherapy milieu and supervision made available to me in Toronto.

Joanne and Anna, my two predecessors, had both started in Toronto for their general psychiatry and from there remained largely in the North, returning intermittently. I am grateful that U of T was flexible in allowing me to start in Thunder Bay. I gained from the large numbers and variety of patients and settings one is exposed to in a centre such as Thunder Bay. "There were a lot of opportunities to realize the CanMED roles of communicator, collaborator and manager in the day-to-day responsibilities, which involved working with multidisciplinary teams, community agencies and frequently consulting with family doctors." In addition, I was able to be in the exact role as my supervisor who acted as mentor. This was different from some of the roles I took on as a resident once in Toronto.

A big challenge of doing a residency in the North is the relative isolation of being one of only a few residents. This is changing as I write, as more residency programs are being created in preparation for the graduates of the new Northern Ontario Medical School. In the meantime, as first Chief Resident in psychiatry for Northern residents, I was able to link all

residents in psychiatry from various universities doing core rotations and selectives in monthly teleconferences. Those psychiatry residents in Toronto who had previously participated in the same rotations were also invited. This was very helpful for all the residents in providing support and encouragement as well as validation and assistance with problem-solving as residents faced issues unique to the various Northern rotations.

"There were a lot of opportunities to realize the CanMED roles of communicator, collaborator and manager in the day-to-day responsibilities, which involved working with multidiciplinary teams, community agencies and frequently consulting with family doctors."

Tremendous flexibility, commitment, hard work and creativity were necessary, on the part of many people, in order for my residency to have happened at all and also to meet my specific learning needs. I want to thank all the individuals associated with OPOP, NOMP and the U of T psychiatry post-graduate program, Lakehead Psychiatric Hospital and Thunder Bay Regional Health Sciences Centre for working together on my behalf. I want particularly to acknowledge Dr. Brian Hodges, Sandy Parker (OPOP), and Thérèse Millette (UTPOP) who were able to make a vision happen. Key supportive colleagues in Thunder Bay were Dr. Suzanne Allain, Dr. Lois Hutchinson, Dr. Paul Johnson, Dr. Jack Haggarty, Dr. Paul Multzer and Dr. Anita Chakrabarti. Dr. Emanuel Persad played a significant role during his many visits to Thunder Bay. A highlight for me was my regular psychodynamic supervision time over video link with Dr. John Farewell who enthusiastically took up this challenge and IPT supervision by Dr. Joanne Holtby in North Bay. When Dr. Paula Ravitz heard of the challenges of receiving psychotherapy supervision in the North at an OPOP retreat, she committed to ensuring that residents there would receive similar supervision as those in Toronto. Other key people with the U of T who were able to make this happen were Dr. Kaplan and Marie Mara. For meeting my training needs in Toronto, I am grateful to Dr. Joanne Roberge, Dr. Tony Pignatiello and Elizabeth Manson at SickKids for facilitating and supervising a first-ever core rotation in telepsychiatry. At Mount Sinai, the flexibility accorded to me by Dr. Leslie Wiesenfeld and Dr. Molyn Lesczc in my final year was immensely appreciated as I prepared for the exams.

One of the greatest joys in having participated in a residency program at this time in my life is having had the privilege of meeting so many outstanding individuals in various parts of Ontario from the various universities. My perspective has been broadened enormously through my clinical work and the willingness of mentors to share their knowledge and insights with me. My hope for the future is that more residents will take the opportunity to take part in core rotations and electives in the North to experience the distinctive aspects and rewards that the North offers.

Lynn VandenBerg
PGY 5, Psychiatry

Research

Research complements clinical care and education in support of enhanced delivery of mental health services in rural and remote areas of Ontario and continues to be a core mandate of OPOP. Highlights of major initiatives undertaken during 2005-06 follow.

PRESENTATIONS (abstracts)

CANADIAN SOCIETY FOR TELEHEALTH, WINNIPEG SEPTEMBER 25-27, 2005

Presenter: Dr. Robert Cooke

Videoconferencing Support Of Rural/Northern Training Rotations in Psychiatry in Ontario

Dr. Robert Cooke, Dr. Brian Hodges, Dr. Paula Ravitz, Sandy Parker, Dr. Joanne Holtby, U of T, CAMH, University Health Network, North Bay Psychiatric Hospital

Introduction

A major barrier for rural family or general physicians considering "re-entry" specialty training is the need to relocate to an urban centre for several years of residency. This impediment can be reduced by providing blocks of core and selective training nearer to rural physicians' home communities, augmented by videoconferenced teaching with urban-based university faculty.

Description

Beginning in 2000, the Department of Psychiatry at U of T and its rural partners have developed core and selective rotations in psychiatry in three Northern Ontario communities. While the training is primarily supervised by designated local faculty, videoconferencing has also been critical to the success of this program, linking remote residents to seminars, rounds and sub-specialized supervision (e.g., in specific modes of psychotherapy), and to their peers, the resident organization and the departmental post-graduate office.

Results

Since 2000, four Northern Ontario physicians have taken advantage of these re-training opportunities in psychiatry, in some cases spending over half their residency in their home communities. Two have already returned to their communities to practice, while the other two are still training. Four non-re-entry residents also sampled these six-month blocks of rural training, and we collaborated with the Northern Ontario School of Medicine in supporting their first psychiatric residency position. Together, these trainees have received up to 300 hours per year of videoconferenced training and supervision.

Conclusions

Videoconferencing contributed to the development of unique rural training opportunities in psychiatry, overcoming geographic barriers to learning, which have already impacted on the supply of rural specialists in Ontario.

CANADIAN PSYCHIATRIC ASSOCIATION CANMEDS ROLES WORKSHOP, TORONTO, NOVEMBER 11, 2006

Presenter: Dr. Melissa Andrew

Enriching CanMEDS Roles For The Northern And Rural Context

The CanMEDS 2000 Framework, revised 2005, is currently used to guide curricular decisions at post-graduate training programs across Canada. Northern and rural rotations offer Psychiatry residents many unique opportunities to develop expertise in the CanMEDS competencies by virtue of the non-tertiary health systems where this training is offered. Training objectives should reflect the elements of the CanMEDS roles that are particularly applicable to these rotations.

This workshop illustrated the process by which OPOP has begun to articulate and to refine those aspects of the CanMEDS roles most applicable to the Northern and rural context. A SWOT analysis for training in each of the seven roles was undertaken utilizing the expertise of OPOP-affiliated, Northern-practicing clinicians, and residents who have participated in rotations at several Northern Ontario sites. A framework was developed to delineate where Northern rotations offer unique or enriched learning opportunities for specific role elements. For each role, customized learning objectives for the Northern training context were elaborated. The Health Advocate role was used as an example of how curriculum may be tailored to reflect the nuances of training and experience unique to Northern and rural settings.

Residents who have undertaken significant components of their training in underserved areas discussed their experiences with CanMEDS learning, and workshop participants had an opportunity to offer their own examples and to contribute to further development of this framework. This information may be helpful in guiding training directors and supervisors in developing and evaluating such rotations.

CONTINUING RESEARCH

TRANSITION INTO PRIMARY CARE PSYCHIATRY (TIPP): CLUSTER RANDOMIZATION FEASIBILITY TRIAL

Dr. David Haslam, RMHC London, Assistant Professor, Psychiatry, UWO; Dr. Jack Haggarty, Lakehead Psychiatric Hospital, Thunder Bay, Adjunct Professor, ECP, Psychiatry, UWO

Dr. Haggarty continued his involvement in the collaborative research project, presented together with Dr. Haslam, Assistant Professor, Senate Stream, at the annual OPOP retreat in Ottawa in September 2005. This is a cluster randomized control trial supported by the Primary Health Care Transition Fund.

PUBLICATION

FACTORS PREDICTING PRACTICE LOCATION AND OUTREACH CONSULTATION AMONG UNIVERSITY OF TORONTO PSYCHIATRY GRADUATES

Dr. Brian Hodges, Ava Rubin, Dr. Robert Cooke, MD, Sandy Parker, Dr. Edward Adlaf
Canadian Journal of Psychiatry, Vol. 51, No. 4, March 2006

Conclusion

Although early exposure to rural or Northern medicine leads to significantly greater continued involvement in outreach activities after graduation, our findings suggest the need for more long-term, on-site residency training opportunities in rural and remote areas.

A follow-up study is planned to assess whether long-term on-site training opportunities in rural and remote areas lead to an increase in recruitment of psychiatrists in the North.

Consultants to Outreach Sites

University of Toronto Psychiatric Outreach Program (UTPOP)
Consultants to Outreach Sites (On-site & Telepsychiatry) 2005 - 2006

Dr. Gina Addae
Muskoka Parry Sound Community Mental Health Service, Parry Sound

Dr. Lisa Andermann
The Department of Health & Social Services, Baffin Island

Dr. Melissa Andrew
Sault Area Hospitals, Sault Ste Marie

Dr. Ken Balderson
The Department of Health & Social Services, Baffin Island

Dr. Bruce Ballon
Thunder Bay

Dr. Ana-Maria Barrenechea
Meno-Ya-Win Health Centre, Sioux Lookout, Atikokan General Hospital, Atikokan

Dr. Raul Berdichevsky
Muskoka Parry Sound Community Mental Health Service, Parry Sound

Dr. Shelley Brook
Timmins and District Hospital, Timmins

Dr. Amer Burhan
Sault Area Hospitals, Sault Ste Marie

Dr. Jean Byers
Sault Area Hospitals, Sault Ste Marie

Dr. Clive Chamberlain
Bracebridge, Cat Lake, Parry Sound, Sundridge

Dr. Ambrose Cheng
Kenora

Dr. Robert Cooke
Sault Area Hospitals, Sault Ste Marie
Meno-Ya-Win Health Centre, Sioux Lookout
Atikokan, Bracebrige, Kapuskasing, Kenora, New Liskeard, Point Loring, Huntsville

Dr. Carol Coxon
Portage, Elora

Dr. Barbara Crawford
Timiskaming Health Unit, New Liskeard

Dr. Jeff Daskalakis
Bracebridge, Campellford

Dr. Janet DeGroot
Sault Area Hospitals, Sault Ste Marie

Dr. Pablo Diaz
Timmins and District Hospital, Timmins

Dr. John Dubois
Jeanne Sauvé Family Services, Kapuskasing

Dr. Margaret Dudek
Timmins and District Hospital, Timmins

Dr. Emily DyPac
Timmins, Thunder Bay Regional Hospital, Thunder Bay

Dr. John Farewell
Community Wellness Centre, Campbellford, Lakeshore Counselling Centre and Addiction Services, Cobourg,
Peterborough Regional Health Centre, Peterborough

Dr. Paul Fedoroff
Timmins and District Hospital, Timmins

Dr. David Goldbloom
The Department of Health & Social Services, Baffin Island

Dr. Ian Graham
Group Health Centre, Sault Ste Marie

Dr. Mariana Hill
Meno-Ya-Win Health Centre, Sioux Lookout

Dr. Eric Hood
The Department of Health & Social Services, Baffin Island

Dr. Umesh Jain
Thunder Bay Regional Hospital, Thunder Bay

Dr. Michael Jeavons
Meno-Ya-Win Health Centre, Sioux Lookout

Dr. Joel Jeffries
Atikokan, Bracebridge, Gore Bay, Huntsville, Sioux Lookout

Dr. Ashifa Jiwa
Sachigo Lake

Dr. William Johnston
The Department of Health & Social Services, Baffin Island

Dr. Shitij Kapur
Atikokan

Dr. Philip Klassen
Thunder Bay Regional Hospital, Thunder Bay

Dr. Rayudu Koka
Blind River District Health Centre, Blind River,
St Joseph's General Hospital, Elliot Lake

Dr. David Kreindler
Muskoka Parry Sound Community Mental Health Service, Parry Sound

Dr. John Langley
Lady Dunn Health Centre, Wawa

Dr. Sam Malcolmson
The Department of Health & Social Services, Baffin Island
Sault Area Hospitals, Sault Ste Marie

Dr. David Myron
Wawa

Dr. Laura McCabe
Thunder Bay Regional Hospital, Thunder Bay

Dr. Rosemary Meier
Muskoka Parry Sound Community Mental Health Service, Parry Sound

Dr. Sam Packer
Muskoka Parry Sound Community Mental Health Service, Parry Sound

Dr. Derek Pallandi
Timmins and District Hospital, Timmins,
Thunder Bay Regional Hospital, Thunder Bay

Dr. Suvercha Pasricha
Elliot Lake, Timmins, Wawa

Dr. Dan Pollock
Timiskaming Health Unit, New Liskeard,
Meno-Ya-Win Health Centre, Sioux Lookout

Dr. Lisa Ramshaw
The Department of Health & Social Services, Baffin Island

Dr. Larry Reinish
Timmins and District Hospital, Timmins

Dr. Anna Skorzewska
Timmins and District Hospital, Timmins

Dr. Ian Swayze
Timiskaming Health Unit, New Liskeard

Dr. John Teshima
Timiskaming Health Unit, New Liskeard

Dr. Ty Turner
Sault Area Hospitals, Sault Ste Marie

Dr. George Voineskos
Bracebridge, Huntsville, Kenora, Sundridge

Dr. Adam Waese
Timiskaming Health Unit, New Liskeard

Dr. Diane Whitney
Barrie, Bellevile, Kingston, Penatanguishene, Peterborough, Timmins

Dr. Patricia Wiebe
Sault Area Hospitals, Sault Ste Marie

Dr. Scott Woodside
Thunder Bay Regional Hospital, Thunder Bay

Dr. Edward Yuzda
Timiskaming Health Unit, New Liskeard

Northern Ontario Francophone Psychiatric Program Consultants to Outreach Sites 2005-2006

Dr. Joseph Blustein
Turning Point, Chapleau,
St. Joseph's Hospital, Elliot Lake

Dr. Catherine Boucher
Minto Counselling Services, Iroquois Falls
Matheson/Cochrane

Dr. Jean-Claude Brutus
Timiskaming Health Unit, New Liskeard
Kirkland Lake Englehart & District Hospital, Englehart

Dr. Jean-Guy Gagnon
East Algoma Mental Health Clinic, Elliot Lake
Alliance Centre and Au Château Nursing Home, Sturgeon Falls

Dr. Fernande Grondin
Timmins & District Hospital & Golden Manor Nursing Home, Timmins

Dr. Daniel J. Kraus
Timmins & District Hospital, Timmins,
Minto Counselling Services, Cochrane

Dr. Marc H. Lapointe
Hearst, Kapuskasing & Smooth Rock Falls Counselling Services

Dr. Marc Mauguin
Hearst, Kapuskasing & Smooth Rock Falls Counselling Services

Dr. Gilles J. Melanson
Timmins & District Hospital, Timmins

Dr. David Myran
North Algoma Counselling Services, Wawa

Dr. Dominique Nadon
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Extended Campus Program Faculty to Outreach Sites 2005-2006

UWO Faculty providing full-time clinical service in Northern Ontario:

Northeast Mental Health Centre, Sudbury Campus
Dr. Beena Matthew, Dr. Anil Joseph, Dr. Jean-Guy Gagnon, Dr. Donald Pearsall, Dr. Rayudu Koka, Dr. Rajender Kumar, and Dr. Ramamohan Veluri

Northeast Mental Health Centre, North Bay Campus
Dr. Susan Adams, Dr. Oloruntoba Oluboka

Sault Area Hospitals, Sault Ste Marie
Dr. Henry Leung

Lakehead Psychiatric Hospital, Thunder Bay
Dr. Suzanne Allain, Dr. Jack Haggarty

Visiting consultants to North of Superior Programs
Dr. Felicity Davies, Dr. J Ellis, Dr. William Komer, Dr. Bhadrash Surti, Dr. Abraham Rudnick

How To Reach Us

The Ontario psychiatric outreach PROGRAMS

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