



## CACLP Annual Meeting – Wednesday, October 18, 2023

### Overall Learning Objectives:

1. Describe the development and implementation of a complex pain and addiction service in a general hospital.
2. Identify challenges and opportunities for supporting individuals with co-occurring physical, mental, and substance use disorders.
3. Appraise new research in the field of CL Psychiatry

8:00 – 8:45	<b>Registration and Continental Breakfast</b> service in meeting room for all attendees
8:45 – 9:00 Opening Remarks	<b>Dr. Raed Hawa</b> - CACLP President <b>Dr. Kathleen Sheehan</b> -CACLP CPD Chair & Vice President
9:00 – 10:30 <b>Plenary</b> <b>Dr. Pouya Rezazadeh-Azar</b>	<p>Vancouver’s Complex Pain and Addiction Service (CPAS): Implementing and Sustaining a Successful Consultation Service <b>Dr. Pouya Rezazadeh-Azar, Emile Viens (MSW), Jessica Machado (RN)</b></p> <p><b>Abstract:</b> Supporting patients with substance use, pain, and mental health disorders.</p> <p>Vancouver General Hospital’s Complex Pain and Addiction Service (CPAS) is a consultation service which provides assessment, treatment and counselling to patients with pain, mental health conditions and substance use disorders across all clinical services at Vancouver General Hospital, UBC Hospital, and GF Strong Rehabilitation Centre. It is a unique service for patients and also supports education for healthcare providers and hospital staff.</p> <p>In this session, Dr. Pouya Rezazadeh-Azar, Head of CPAS which is led out of the Department of Psychiatry at Vancouver Coastal Health, will speak about the development and implementation of CPAS. Importantly, he will describe the day-to-day functioning of the service, as well as opportunities for the future, including expansion, education, and research. A substantial portion of the session will be open for discussion, so participants can reflect on their own practice context and ask questions about how some of these lessons learned can be applied in their own setting.</p> <p style="color: red;">25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.</p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Identify the steps needed for development and implementation of a pain and addiction service.</li> <li>2. Describe the current functioning of an existing pain and addiction service, including the type of patients seen and services provided.</li> </ol>

	<p>3. Apply knowledge about existing services to their own settings, with potential for further research and expansion.</p> <p><b>CanMEDS Roles:</b> Medical Expert, Collaborator, Health Advocate, Communicator</p>
10:30 – 10:45	<p><b>Refreshment Break</b> – Coffee, Tea, Water service in meeting room</p>
<p>10:45 – 11:10  <b>Oral Presentation</b>  <b>Dr. Christian Schulz-Quach</b>  Project in Progress</p>	<p><b>Oral Presentation – Project in Progress</b></p> <p>The role of CL Psychiatry in addressing workplace violence in healthcare settings  <b>Dr. Christian Schulz-Quach, Dr. Brendan Lyver, Dr. Rickinder Sethi</b></p> <p><b>Abstract:</b></p> <p><b>Introduction:</b> The systemic impact of the COVID-19 pandemic on healthcare organizations globally has resulted in a phenomenon of significant increase in workplace violence (WPV). The University Health Network (UHN) has been no exception with the rate of WPV rising from 1.13 incidents per 1000 visits in the three months prior to the pandemic to 2.53 incidents per 1000 visits (+124% increase) in 2022 (1). Despite entering the pandemic recovery phase, WPV rates have continued to grow with significant impact on healthcare worker (HCW) burnout, compassionate fatigue, moral injury, and job attrition posing systemic organizational risks.</p> <p>Consequently, addressing WPV during the pandemic recovery phase, and bolstering HCWs’ perception of safety, feeling of preparedness to manage WPV, and recovering the sense of organizational belonging are key aims for healthcare organizations today.</p> <p><b>Methods:</b> An interdisciplinary team lead by CL Psychiatry team members at UHN implemented an organization-wide quality improvement (QI) project in September 2022 to urgently address WPV during the pandemic recovery phase (UHN REB/QI ID: 22-0499). The Systems Engineering Initiative for Patient Safety (SEIPS) 3.0 research methodology was applied to design a multi-level framework consisting of 12 sub-projects (2).</p> <p><b>Results:</b> We aim to study how a data-driven approach based on evidence-based WPV metrics can inform and improve strategies for the prevention of pandemic-related increase in WPV in healthcare settings.</p> <p><b>Conclusions:</b></p> <p>The presentation will provide the theoretical and evidence-based foundations of this change project and will highlight preliminary quantitative and qualitative findings from all 12 sub-projects. A rationale will be provided for why CL Psychiatrists are uniquely placed to lead and steer workplace violence-related program changes in Canadian healthcare organizations.</p> <p><b>25% of this session will be dedicated to interactive learning through questions and discussion with the audience.</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To demonstrate the severity and urgency of workplace violence in Canadian healthcare settings.</li> <li>2. To contrast SEIPS 3.0 to other QI methodologies.</li> <li>3. To critically review UHN's approach to workplace violence prevention.</li> </ol>

<p>11:10 – 11:35 Oral Presentation</p>	<p><b>Oral Presentation – Research Paper And Project In Progress Submission</b></p>
<p><b>Dr. John-Jose Nunez</b> Research Paper</p>	<p>Predicting Which Cancer Patients Will See a Psychiatrist or Counsellor From Their Initial Oncology Consultation Document Using Natural Language Processing.</p> <p><b>Dr. John-Jose Nunez, Dr. Alan Bates</b></p> <p><b>Abstract:</b></p> <p><b>Introduction:</b> Patients with cancer often have unmet psychosocial needs(1). Early detection of who might require referral to a counsellor or psychiatrist may help improve their care(2).</p> <p><b>Methods:</b> In this work, we investigated whether natural language processing (NLP) can predict which patients will see a counsellor or psychiatrist from a patient’s initial oncologist consultation document. NLP is the branch of artificial intelligence(AI) that uses language models to accomplish tasks using text, such as the recently popularized question-answering system ChatGPT. In this work, we used traditional and neural language models to predict whether patients will see a psychiatrist or counsellor based on their initial oncologist consultation document. This retrospective prognostic study used data from 47,625 of 59,800 patients who received initial cancer care at BC Cancer between 2011 and 2016. We trained NLP models to predict which patients would see a psychiatrist or counsellor in the twelve months following their initial oncologist consultation. We used the non-neural language model bag-of-words, as well as three neural models: convolutional neural networks (CNN), long-short term memory, and the large language model BERT.</p> <p><b>Results:</b> The models performed similar to or better than previous applications of AI in predicting psychosocial needs. Our best-performing models, utilizing CNNs, achieved balanced accuracy above 73% and 70% when predicting which patients would see a psychiatrist or counsellor, respectively. We examined what words or phrases our models used to make the predictions, finding symptom burden, certain cancers, and family history of cancer were positive predictors of future referral to psychosocial services.</p> <p><b>Conclusion:</b> Our results suggest NLP can be used to predict which cancer patients require referral to a psychiatrist or counsellor from their initial oncologist consultation. Future research may be able to extend our work to predict the psychosocial needs of medical patients in other settings.</p> <p><b>25% of this session will be dedicated to interactive learning through questions and discussion with the audience.</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Be introduced to natural language processing, the branch of artificial intelligence that understands written text.</li> <li>2. Review an example of how natural language processing can be used to predict the psychosocial needs of cancer patients from their initial oncologist consultation document.</li> <li>3. Understand how we can interpret artificial intelligence models to see how they are making their predictions, and how this interpretation can be used to further research and clinical applicability.</li> </ol>

<p>11:35 – 12:00  <b>Oral Presentation</b>  <b>Dr. Masoud AhmadzadAsl</b></p>	<p><b>Oral Presentation – Research Paper And Project In Progress Submission</b>  Changes in Cognition Functions and Depression Severity After Bariatric Surgery: A 3-Month Follow-up Study  <b>Dr. Masoud AhmadzadAsl</b>  <b>Abstract:</b></p>
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<p>Research Paper</p>	<p><b>Background:</b>  Changes in cognitive profile, such as memory and other functions in patients with morbid obesity after bariatric surgery have been reported in the literature with inconsistent results.</p> <p><b>Objective:</b> This study aimed to evaluate cognitive changes, executive function and depression severity before and after bariatric surgery in patients with morbid obesity.</p> <p><b>Methods:</b> In this prospective cohort study, 70 patients with morbid obesity (40 patients undergoing bariatric surgery and 30 patients on the waiting list) were referred to a General Hospital Obesity Clinic in Tehran, Iran, in 2016 entered the study. The two groups were assessed using the Wechsler Memory Scale (WMS), the Wisconsin Card Sorting test (WCST, the Hamilton Depression Scale (HAM-D) and the bariatric analysis and reporting outcome system (BAROS) questionnaire (scale to report of the therapeutic results of bariatric surgery and including the three criteria of the weight loss percentage, the change in health state, and the quality of life) at the beginning of the study and three months after the surgery. Moreover, the Bariatric Analysis and reporting outcome system (BAROS) questionnaire was filled out three months after surgery.</p> <p><b>Results:</b> The average changes in WMS score (P=0.043), working memory (P=0.002), HAM-A (P=0.032), weight, and BMI (P=0.0001) in the surgery group were significantly higher than in the control group. There was a significant positive correlation between change in the number of preservative errors in WCST within the surgery group with BAROS score (P=0.004). Moreover, there was a significant correlation between changes in the score of WMS and BMI in the surgery group.</p> <p><b>Conclusion:</b> Bariatric surgery is associated with improvements in some cognitive functions and worsening depressive scores in patients with morbid obesity.  25% of this session will be dedicated to interactive learning through questions and discussion with the audience.</p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Understand the changes in cognitive function in patients with morbid obesity after bariatric surgery.</li> <li>2. Understand changes in depression severity in patients with morbid obesity after bariatric surgery.</li> <li>3. Review correlates of cognitive function and depression severity changes in patients with morbid obesity after bariatric surgery.</li> </ol>
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<p>12:00 – 12:25  <b>Oral Presentation</b>  <b>Dr. Suze Berkhout</b>  Research Paper</p>	<p><b>Oral Presentation – Research Paper And Project In Progress Submission</b>  Afterlives and Temporal Loops in Liver Transplantation: Survivorship Experience Beyond the Scales  <b>Dr. Suze Berkhout</b>  <b>Abstract:</b>  <b>Introduction:</b>  The lived experience of liver transplantation (LT) is marked by medical complications that build over time (Serper and Asrani 2019). Post-traumatic stress disorder, anxiety, and depression are also common (Grover and Sarkar 2012). The breadth, seriousness, and frequency of complications is a crucial aspect of transplant survivorship but is frequently juxtaposed by widespread expectations</p>
	<p>and metaphors within solid organ transplant (SOT), that the post-transplant lifeworld will be a “new and improved state” (Standing et al. 2017) and a “second chance” at life (Stubber and Kirkman 2020).</p> <p><b>Methods:</b> The “Temporalities of Cure in Liver Transplantation” project brings together filmmakers, researchers, liver transplant clinicians and recipients to develop a rich and nuanced exploration of long-term liver transplant survivorship through narrative interviews and digital storytelling. Data were analyzed within an interpretivist-constructivist frame and read against a discourse analysis of common clinical scales used to assess psychosocial challenges in LT.</p> <p><b>Results:</b> In our qualitative findings, ghosts, hauntings, absences and presences were themes that were held alongside more common cultural scripts of transplantation as a miracle, “gift of life,” and second chance. Subtle nods to the pervasiveness of the medical gaze sat in tension with gratitude for biomedical intervention. Shifting identities and subjectivities in the post-transplant lifeworld were also not always taken up by families, even as much as their support was essential to carrying on. These themes are mostly absent from clinical frameworks of psychosocial challenges in survivorship and not typically part of patient education materials on stress and coping.</p> <p><b>Conclusion:</b> The frictions and ambiguities embedded in transplant survivorship are infrequently explained or explored through clinical scales utilized in assessments of psychosocial challenges. This may simultaneously limit their utility and flatten the experience of transplantation. Careful preparation for transplantation means grappling with the limits of our conventional approaches to understanding survivorship.</p> <p><b>25% of this session will be dedicated to interactive learning through questions and discussion with the audience.</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Explore survivorship challenges in liver transplantation from a psychosocial lens.</li> <li>2. Introduce novel qualitative methodologies in transplantation as a tool for understanding psychosocial challenges in this field.</li> <li>3. Relate findings to ways that CL psychiatrists might support our transplantation colleagues and patients.</li> </ol>
<p>12:25 – 1:20  <b>CACLP AGM &amp; Lunch</b></p>	<p><b>CACLP Annual General Meeting and Lunch</b> – Lunch service in meeting room for all attendees  Dr. Raed Hawa, President of CACLP will Chair the CACLP Annual General Meeting of Members</p>

<p>1:20 – 2:00</p> <p><b>Posters</b></p>	<p><b>Posters, Q &amp; A, and Judging</b></p> <p>A. Exploring Strategies for Enhancing Cultural Safety in Consultation-Liaison Psychiatry Training Programs – <b>Dr. Samah Ibrahim</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Recognize the importance of adapting an attitude of openness and respect to promote a culturally safe environment.</li> <li>2. Distinguish situations in C-L practice that call for more clinical insight and self-reflection</li> <li>3. Select methods of self-reflection which could be applied with a mentor or a colleague</li> </ol> <p>B. Development, evaluation, and growth of a Mental Health in Medicine Clinic at an academic health sciences centre – <b>Dr. Kathleen Sheehan</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Discuss the need for care provision at the intersection of mental and physical healthcare</li> <li>2. Describe development of a novel clinical service, with integration of quality improvement</li> <li>3. Apply learnings from UHN’s Mental Health in Medicine Clinic to their own setting and context</li> </ol> <p>C. New-Onset Psychosis after Liver Transplantation: A Case Report – <b>Dr. Ryma Ihaddadene, Dr. Noha Abdel Gawad</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Provide a detailed and systematic diagnostic approach to consider when distinguishing between immunosuppressants-associated psychosis versus a primary psychiatric diagnosis.</li> <li>2. Provide a detailed approach to the complex management of patients presenting with immunosuppressants-associated psychosis post organ transplant, including multifactorial psychopharmacological and psychosocial interventions.</li> <li>3. Provide an overview of when and how to modify or re-introduce the maintenance immunosuppressive regimen to balance the risk of organ transplant rejection while reducing the rate of relapse in psychotic symptoms.</li> </ol> <p>D. “I feel a lot more vulnerable”: Exploring Unmet Psychosocial Care and Recovery Needs in Young Survivors of Stroke– <b>Dr. Syeda Hashmi</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Understand the unique psychosocial challenges faced by young adult stroke survivors (&lt;65 years) compared to older adults.</li> <li>2. Explore how the psychosocial care needs of young adult stroke survivors change over time.</li> <li>3. Examine the challenges faced by young adult stroke survivors in adapting to a sick role and managing health-related uncertainty.</li> </ol> <p>25% of this session will be dedicated to interactive learning through questions and discussion with the audience.</p>
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<p>2:00 – 3:00</p> <p><b>Awards &amp; Panel discussion</b></p>	<p><i>CACLP Award for Distinguished Contribution to Consultation-Liaison Psychiatry in Canada &amp; CACLP Best Trainee Presentation Award</i></p> <p><i>Panel discussion with moderated Question &amp; Answer with Award winner about their C/L experiences.</i></p> <p><b>TITLE: Building a successful career in consultation-liaison psychiatry</b></p> <p><b>Learning Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Describe the components of a career in academic psychiatry, with a focus on consultation-liaison psychiatry.</li> <li>2. Apply lessons from a successful career to their own circumstance and context.</li> <li>3. Formulate a plan to move their own career forward, based on their own values and goals.</li> </ol>
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<p>3:00 – 5:00</p>	<p><b><i>Social</i></b></p>
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**CACLP Scientific Planning Committee:**

- Dr. Kathleen Sheehan (Chair)
- Dr. Raed Hawa
- Dr. Katie Lines
- Dr. Glendon Tait
- Dr. Mike Butterfield