



CACLP Annual Meeting

Wednesday, October 22, 2025

Theme – Critical Care Psychiatry

Overall Learning Objectives:

- Describe the role of psychiatry in critical care settings
- Explain interventions to improve both mental and physical health at individual and population levels.
- Appraise new research in the field of CL Psychiatry

8:00 – 8:45 am	Registration and Continental Breakfast service in meeting room for all attendees
8:45 – 9:00 am Opening Remarks	Dr. Raed Hawa - CACLP President Dr. Evan Baker – CACLP CPD Lead

<div>9:00 – 10:30 am</div> <div>Plenary Speaker</div> <div>Dr. Anyssa Shakeri</div> <div>Dr. Robert Sharpe</div> <div>Janet Savard</div> <div>Vickey Kaler</div>	<div>Critical Care Psychiatry: Enhancing Critical Care Through Psychiatric Integration</div> <div>Abstract:</div> <div>As the complexity of care in intensive care units (ICUs) continues to grow, the integration of psychiatric expertise has become increasingly vital. This session will explore the unique and expanding role of psychiatrists within the ICU setting, highlighting their contributions to patient care, team dynamics, and clinical outcomes.</div> <div>Participants will learn to describe the multifaceted role of psychiatry in critical care, with a focus on identifying common psychiatric and neuropsychiatric conditions encountered in the ICU, such as delirium, catatonia, and acute stress reactions. The session will also outline the clinical and systemic advantages of embedding psychiatric consultation in the ICU environment, including improved management of psychiatric illness, enhanced decision-making support, and reduced burden on ICU staff, particularly staff safety with agitation management.</div> <div>Through perspectives with an interdisciplinary panel, attendees will gain a deeper understanding of how psychiatrists can enhance the quality of care in one of the hospital’s most demanding settings.</div> <div>Learning Objectives:</div> <div><div>1. Describe the unique role of psychiatrists in the Intensive Care Unit (ICU)</div><div>2. Propose the clinical and systematic advantages of integrating psychiatry into ICU care systems</div><div>3. Identify the most common psychiatric and neuropsychiatric conditions encountered in the ICU setting</div></div> <div>**25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.</div>
<div>10:30 – 10:45 am</div>	<div>Refreshment Break – Coffee, Tea, Water service in meeting room</div>

10:45 – 11:10 am

Oral Presentation:

Dr. Samah Ibrahim

Dr. Drew Cummings

Electroconvulsive Therapy (ECT) in the Intensive Care Unit (ICU): Opportunities and Challenges

Abstract:

Background: Administering Electroconvulsive Therapy (ECT) in the Intensive Care Unit (ICU) presents unique challenges but offers transformative potential in life-saving scenarios. This submission explores the application of ECT in this novel context. ECT has proven effective in treating conditions like malignant catatonia, refractory delirium, and status epilepticus when conventional interventions fail. Adapting an established technique like ECT to new medical contexts offers significant advantages, including its well-documented reliability and safety. However, the shift to a nontraditional setting introduces inherent risks that may arise due to unique variables within the ICU environment. This presentation explores best practices for implementing ECT in the ICU, emphasizing interdisciplinary collaboration among psychiatry, critical care, anesthesiology, and nursing to achieve optimal patient outcomes in critical situations.

Method: Our team conducted a scoping review on ECT use in ICU settings, utilizing databases like Medline and Cochrane Library, and including studies published after 1973 without language restrictions. Using Covidence software, we screened 2,770 studies, removed 886 duplicates, and excluded 1,327 irrelevant studies. This left 141 studies for full text review, with final results expected by September 2025.

Results:
This presentation examines the existing body of research on the use of ECT in ICU settings. It examines critical topics, including primary indications, medical comorbidities, safety protocols, clinical outcomes, and ethical considerations. By identifying research gaps and offering actionable insights, the goal is to provide clear guidelines for effectively incorporating ECT into critical care practices.

Discussion: Key challenges include limited ECT access in ICUs, monitoring neuromuscular blockade, and multidisciplinary coordination. Despite hurdles, ECT shows life-saving potential for select ICU patients. A knowledge gap persists on optimal ECT duration, emphasizing individualized assessments. Future research should explore outcomes, indications, and procedures, while longitudinal studies are needed to evaluate long-term cognitive and functional impacts.

Learning Objectives:

1. Discuss the opportunities ECT provides as a life-saving intervention
2. Explore the challenges of delivering ECT in the ICU, including medical stabilization, misconception among patients and their families, and ethical considerations
3. Share best practices and strategies for interdisciplinary collaboration between psychiatry, critical care, anesthesiology, and nursing

****25% of this session will be dedicated to interactive learning through questions and discussion with the audience.**

11:10 – 11:35 am

Oral Presentation:

Dr. Suze Berkhout

Thinking with Visual and Material Culture in Traumatic Brain Injury: Rendering Contested, Unseen, and Unspoken Experiences Knowable

Abstract:

Background: How do we understand the invisible and imperceptible effects of brain injuries? How does our current neuroculture, which understands human experience through brain regions and neurotransmitters, authorize certain renderings of experience, while masking others? These questions are particularly profound in light of the frequency of unexplained sensory and perceptual experiences in the aftermath of traumatic brain injury (TBI).

Methods: The Situated Neurology Project is an ethnographic study examining the everyday experiences of people living with TBI, contrasting these with understandings afforded by clinical practice and neuroscience. We undertook an interpretivist analysis of visual and material culture, considering a series of TBI infographics and cinematic works at the same time as engaging participants in an exploration of their unusual, invisible, and atypical symptoms. As our team analyzed findings alongside research participants, we coproduced a series of “counter” infographics and developed a collaborative short film, “Becoming the Butterfly.”

Results: Both infographics and cinematic works depicted representations that were incongruent with the lives of people living with TBI. Their everyday experiences existed on a different register of meaning than those of clinicians and neuroscientists. Involving people living with disabilities in the creation of public health infographics and a narrative film offered more inclusive representations, orienting viewers to issue of kin, interdependency, and community, while sensitizing audiences to the felt experience of acute and chronic embodiments in TBI.

Discussion: This project collaboratively explores the imperceptible, indescribable, and uncertain aspects of brain injury, analyzing and creating visual and cinematic objects. By utilizing structures and genres that engage worldbuilding, storytelling, and imaginative practice, those living with brain injuries have the freedom to suggest creative metaphors for their experiences, seeing those translated on screen and in print: an empowering process, and one that brings a new level of understanding and empathy to TBI.

Learning Objectives:

1. To explore the imperceptible and unexplained symptoms of traumatic brain injury from the perspectives of individuals with lived experience
2. To reflect on ways that ableism and a larger model of rational action shape fears of brain injury in contemporary culture, and how this can impact clinical assessments and diagnostic labels
3. To appreciate the value of coproduction of visual and material culture while also studying these same aspects of culture, in relation to brain injury

****25% of this session will be dedicated to interactive learning through questions and discussion with the audience.**

11:35 am – 12:50 pm CACLP AGM & Lunch	<i>CACLP Annual General Meeting and Lunch</i> - Lunch service in meeting room for all attendees Dr. Raed Hawa, President of CACLP will Chair the CACLP Annual General Meeting of Members.
12:50 – 1:15 pm Oral Presentation Dr. Alan Bates Dr. John-Jose Nunez Dr. Nadeeessha Fernando	<i>Creating interdisciplinary Cancer Care</i> Abstract: Introduction: Best possible evidence- and equity-based person-centred cancer care can only be achieved through interdisciplinary or team-based care. At BC Cancer, Supportive Care is a key component of the interdisciplinary team and is comprised of psychosocial, pain and symptom / palliative care, and cancer rehabilitation services. Methods: Over the past year, we have engaged in three projects aimed at improving the interdisciplinary nature of care at BC Cancer: 1) Creation of a 5-year strategic plan for Supportive Care 2) Pilot of Collaborative Care in Psychosocial Oncology 3) Building AI-enabled patient navigation tools Results: We will report on the real-world successes and challenges of working to make cancer care more interdisciplinary in British Columbia. We will discuss advocacy, strategic planning, patient co-design, staffing needs, interdisciplinary care within psychosocial oncology, care pathways, symptom screening, patient navigation, clinician education, community partnerships, ethics, and access to large datasets. Conclusions: Though effecting change within large and complex health systems is difficult, the potential impacts of integrated supportive care services on patient quality of life, experience, and survival make truly interdisciplinary care an essential goal. Learning Objectives: 1. Review the steps of creating a strategic plan for a supportive care service 2. Discuss the benefits and challenges of introducing Collaborative Care into a pre-existing psychosocial oncology service 3. Learn the possibilities of AI-generated patient navigation. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

1:15 – 1:40 pm

Oral Presentation

Dr. Christian Schulz-
Quach

Dr. Talha Tahir

Dr. Brendan Lyver

Utilizing Artificial Intelligence to enhance support for healthcare providers during workplace violence reporting

Abstract:

Introduction: Workplace violence (WPV) in healthcare negatively impacts the mental health and well-being of healthcare providers (HCPs). The increasing prevalence of WPV worsens moral distress, burnout and PTSD among HCPs, while reinforcing the narrative that violence is a part of the job (Lyver et al., 2025). This normalization has led to WPV going underreported. Research indicates that up to 88% of HCPs who experience WPV do not formally report the incident (Arnetz et al., 2015). Contributing factors include high clinical demands and a lack of motivation, as HCPs require support rather than the burden of completing reports following WPV incidents. To address this, an Artificial Intelligence (AI) reverse reporting tool is being developed to streamline WPV reporting, deliver immediate support, and provide wellness resources. The objective of this study is to evaluate the effectiveness of this AI tool to provide support and resources to HCPs.

Methods: The Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) model will evaluate the implementation of the intervention. Quantitative metrics will evaluate the usage of WPV reporting tools. Additionally, an 8-item survey will be used to acquire qualitative feedback on the AI tool.

Results: Our team will utilize a mixed-methods approach to evaluate the HCPs experience with the AI tool. This will include quality indicators (n=4) from different organizational databases (n=3) and qualitative data collection. Inferential statistics will assess whether any observed impacts are statistically significant. Findings to be presented at the conference.

Conclusions: An AI reverse reporting tool will be implemented to improve the mental health and wellbeing of HCPs. By providing realtime feedback and directing users to appropriate resources, the tool aims to challenge the normalization of WPV while streamlining the reporting process to reduce staff burden. Overall, the tool strives to improve HCPs' sense of support, morale and quality of life.

Learning Objectives:

1. Develop a deeper understanding of how WPV affets HCP's mental health and overall quality of life
2. Understand the application of the RE-AIM framework in evaluating the implementation of healthcare interventions
3. Appraise innovative strategies to improve the well-being of HCPs through the use of AI

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1:40 – 2:10 pm Poster Presentation (1)	<p><i>A. Suspected Xylazine induced skin ulcers in a person who injects drugs in Montreal, Canada</i> Paris Dastjerdi, Dr. Samah Ibrahim</p> <p>Learning Objectives:</p> <ol style="list-style-type: none">1. Understand the mechanism of action and public health implications of xylazine contamination in the illicit drug supply2. Identify the clinical presentation and characteristics of xylazine associated skin ulcers3. Create awareness about xylazine-related health complications and encourage future research and advocacy on this emerging public health issue
2:10 – 3:00 Awards and Discussion	<p><i>CACLP Best Trainee Presentation Award</i></p> <p><i>Distinguished Contribution to CL Psychiatry Award</i></p>
3:00 – 5:00	<p><i>Social</i></p>
CACLP Scientific Planning Committee:	<p>Dr. Evan Baker (Lead), Dr. Raed Hawa, Dr. Katie Lines, Dr. Samah Ibrahim, Dr. Orit Zamir, Dr. Christian Schulz-Quach, Dr. John-Jose Nunes, Dr. Julius Elephante, Dr. Annie Yu</p>