

# COURSES



## **C01 - Enhancing Your Continuing Professional Development Program Through Simulation Design**

Thursday, 12 September

14:45 - 17:45 (3 hrs)

Stephanie Sliemers\*, Med; Asha Maharaj, MBA, CELP; Laura Hayos, MScOT, OT Reg

### **CanMEDS Roles:**

1. Professional
2. Leader
3. Scholar

**At the end of this session, participants will be able to:** 1) Identify the suitability of using simulation in continuing professional development (CPD); 2) Describe how simulation can be applied within CPD programs; and 3) Apply best practices and tools in CPD and simulation design in the development of a CPD program.

Simulation is an innovative approach to medical education that provides learners with an opportunity to practice clinical skills in a controlled environment before taking them into the real world of clinical practice. It aligns with learner needs in continuing professional development (CPD) because it aims to achieve a higher level of clinical competence and has greater potential to impact outcomes at the level of clinical performance. Simulation provides learners with the opportunity to experiment with new knowledge and skills (within the simulation) and reflect on those experiences (in the debrief). Designing a simulation can often seem overwhelming, however, due to logistical and resource requirements and the need to build appropriate facilitator competencies to support this form of design and learning. So, where do educators start when designing an effective simulation as part of an existing CPD program? Participants in this interactive workshop will learn about how educational designers at the Centre for Addiction and Mental Health (CAMH) integrated simulation components into CPD programs. Case examples drawn from CAMH will highlight how competency-based course design using entrustable professional activities, the design dimensions of simulation application, and deteriorating patient scenarios were used to impact a higher level of clinical competence. Learners will have the opportunity to use the practical tools described in the case examples to design an outline of their own simulation. Learners will come away from the workshop with an understanding of how to use evidence-informed design principles and practical tools to successfully deliver a simulation in CPD.

**WITHDRAWN**

## **C02 - Mental Health and Pain: Comorbidities and Confluences**

Thursday, 12 September

14:45 - 17:45 (3 hrs)

Serge Marchand\*, PhD; Michael Butterfield, MSc, MD, FRCPC

### **CanMEDS Roles:**

1. Professional
2. Health Advocate
3. Leader

**At the end of this session, participants will be able to:** 1) Describe the mechanisms implicated in the development and persistency of pain; 2) Recognize the interaction between the neurophysiological mechanisms of mental health and pain; and 3) Illustrate the application of this knowledge in the treatment of pain in mental health.

Mental health and pain are both complex phenomena that require a functional approach taking into account physiological, psychological and contextual domains. It is then not surprising that they may have common sources. However, they can also be independent health problems that are interacting and one could mask the other. Thus, the interaction between pain and mental health is very important to understand since the evolution of one will influence the second. The same is also true for the treatment. This interaction will allow observing that the treatment of a mental health problem will have a direct effect on pain, but a pain condition will also have a direct impact on the mental health of the patient.



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During this course, I will introduce the neurophysiological basis of pain with an emphasis on endogenous excitatory and inhibitory mechanisms that share a common basis in mental health and pain. We will discuss some of the mechanisms implicated in the development, persistency and treatment of pain and how it may influence the response to treatments in mental health problems. The main goal is to introduce the mechanisms of pain in functional terms so that the clinician can appropriate the link between pain and mental health and adapt it to its own practice.

## **C03 - Disaster Psychiatry: Principles and Practise**

Thursday, 12 September

14:45 - 17:45 (3 hrs)

Frank Sommers\*, MD, FRCPC, DFCPA; Anthony Ng, MD; Janet Ellis, MBBChir, FRCPC; Jodi Lofchy, MD, FRCPC; Andrea Tuka, MD, FRCPC

### **CanMEDS Roles:**

1. Collaborator
2. Health Advocate
3. Leader

**At the end of this session, participants will be able to:** 1) Know the principles of disaster psychiatry; 2) Know and be able to apply skills, such as “psychological First Aid,” including self-care; and 3) Learn how to manage post-traumatic stress and evidence-based work toward its prevention.

When disasters strike, the people affected don't only need physical care, because the psychological harms can be as, or even more, severe. We have witnessed in Canada and around the world both natural disasters and human-caused mass violence with increasing frequency. The direct impact of these on victims ripple through their families, witnesses, first responders, and whole communities, potentially producing significant morbidity and mortality. Distress responses, risk behaviours, and psychiatric disorders, with elevated vulnerability in some populations, need to be expected. This course will cover evidence-based basic principles of disaster psychiatry, acute and post-acute traumatic stress management, psychological First Aid, including self-care, and up-to-date guidelines for preventing post-traumatic stress disorder. Our overarching goal is to enable psychiatrists to assume active roles in communities, planning for disasters, and coping with disasters' aftermaths. Our motto is: Disasters are Unplanned, but the Response Shouldn't Be. This course will use didactic and interactive modes of learning, including some use of media, such as videos and handouts.

## **C04 - Addiction Psychiatry Update**

Friday, 13 September

14:45 - 17:45 (3 hrs)

Christian Schütz\*, MD, PhD, MPH, FRCPC; Dara Charney, MD, FRCPC; David Crockford, MD, FRCPC

### **CanMEDS Roles:**

1. Medical Expert
2. Professional
3. Health Advocate

**At the end of this session, participants will be able to:** 1) Understand current developments in assessing use disorders; 2) Select appropriate pharmacological treatment options; and 3) Discuss non-pharmacological approaches.

Substance use disorder constitute a major group of disorders challenging Canada's public health. Today's psychiatrists are increasingly faced with substance use disorders, specifically as a common concurrent disorder, with individuals suffering from other mental disorders. This hands-on pre-conference course will review current issues and development in addiction for psychiatrists focusing on treatment. This update will provide a current state of the art as it pertains to clinical practice. It will allow for discussions of problems faced in daily clinical practice. The presentations and discussions will focus on the treatment of these chronic disorders, less on withdrawal management and medical complications. Treatment with medications will be covered, as well as psychosocial interventions, including motivational

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interviewing, contingency management, and brief intervention. Presenters will furthermore comment on the overlap and treatment with major concurrent mental disorders. The focus will be on alcohol, opioids, stimulants, and cannabis.

## **C05 - Psychopharmacology in Patients with Comorbid Medical Illness: Common Questions for Clinicians, Update 2019**

Saturday, 14 September

14:45 - 17:45 (3 hrs)

Susan Abbey\*, MD, FRCPC; Sanjeev Sockalingam, MD, MHPE, FRCPC, FAP; Raed Hawa, MD, FRCPC, DABPN; Kathleen Sheehan, MD, DPhil, FRCPC

*Supported by the Canadian Academy of Psychosomatic Medicine*

### **CanMEDS Roles:**

1. Leader
2. Health Advocate
3. Medical Expert

**At the end of this session, participants will be able to:** 1) Describe an organized approach to the psychopharmacological management of psychiatric patients with comorbid medical illness; 2) List sources of information to help navigate clinically challenging situations; and 3) List drugs that require modification in use (e.g., dosing and dose timing) because of comorbid medical conditions.

Medical comorbidity often brings with it significant challenges for the psychopharmacological management of psychiatric patients. This course will provide participants with evidence-based answers to common questions about psychopharmacology management in the context of medical comorbidity. The course will consist of a brief introduction focused on the general approach to psychopharmacology in patients with comorbid medical illness, followed by a team of experts in the psychopharmacology of medically ill patients providing answers to commonly asked questions, interspersed with the discussion of cases.

## **C06 - Buprenorphine Prescribing: Data Sponsored by the American Academy of Addiction Psychiatry**

Saturday, 14 September

14:45 - 17:45 (3 hrs)

Wiplove Lamba\*, MD, FRCPC, DABAM; Valerie Primeau, MD, FRCPC

### **CanMEDS Roles:**

1. Medical Expert
2. Scholar
3. Health Advocate

**At the end of this session, participants will be able to:** 1) Describe the pharmacology and the risks and benefits of buprenorphine therapy for patients presenting to psychiatric practice; 2) Describe the approach for buprenorphine induction, the steps and monitoring required for maintenance, and strategies for tapering; and 3) Develop a plan to improve proficiency with buprenorphine.

In North America, we are in the midst of an opioid epidemic, where there have been many overdose deaths. Psychiatrists are uniquely positioned to address this epidemic and the underlying causes, as they have a strong understanding of the biopsychosocial factors that can lead to addiction. Unfortunately, psychiatry training has not always included buprenorphine training, an effective treatment for opioid use disorders. This half-and-half buprenorphine course, with data sponsored by the American Academy of Addiction Psychiatry, will provide the knowledge and skills to help psychiatrists integrate this treatment into their practice. The first half of the course is a three-hour face-to-face, classroom-style training. The training focuses on the specifics of treating patients with opioid use disorders in office-based settings and clinical vignettes to help trainees think through real-life experiences in treating opioid use disorders. The focus will be on patients with concurrent disorders who present to the psychiatric emergency, outpatient, and inpatient practices. The second half will be 3.75 hours of online training on substance abuse treatment, opioids, and the use of buprenorphine in treating opioid use disorders from office-based practices. An examination will be offered at the end. Attendees will have access to a mentor whom they can contact after the session, as they try to integrate this into their practice.