Transcultural Psychiatry Fellowship (Adult)

Name of Institution: Jewish General Hospital
Location: 4333 Cote Sainte Catherine Road, Montreal, QC, H3T 1E4
Type of Fellowship: Clinical & Research
Fellowship Program Director: Dr. Laurence Kirmayer
Number of Positions: 1
Length of Fellowship: 1 year

Program Information

The Transcultural Psychiatry Fellowship Program of the Jewish General Hospital (JGH) accepts one fellow per year. The Jewish General is a McGill University hospital. The fellow would be based at the JGH and would spend most of her time there. The fellowship is supported by the Cultural Consultation Service (CCS) and the Culture and Mental Health Research Unit (CMHRU). The CCS is a clinical service that evaluates the cultural aspects of migrant and refugee health. Over the last 8 years, the CCS has assembled a database of over 400 cases for clinical and academic inquiry. The CMHRU is a very active research group with a focus on multicultural mental health care, including ongoing projects with Aboriginal peoples, immigrants and refugees, and in consultation-liaison psychiatry. In addition to the CCS and the CMHRU, Dr. Jarvis could offer clinical exposure to cultural issues in first-episode psychosis. The aim of the Transcultural Psychiatry Fellowship Program is to provide the trainee with a wide exposure to clinical and research aspects of the relationship between culture and mental health. The successful applicant will learn how to work with interpreters and culture brokers, how to assess the common problems of migration, and how to prepare a cultural formulation. She will also become familiar with the major themes of research in cultural psychiatry research and the various methods available to study them. All of these aspects will enhance the skills and knowledge acquired during routine residency training. It should also be noted that fellows desiring exposure to Transcultural Child Psychiatry during their adult fellowship may also spend clinical time with Drs. Rousseau, Measham, Nadeau, Guzder or Wazana.

Names of the Fellowship Supervisors

Clinical Supervisors – G. E. Jarvis, M.D.
Research Supervisor – L. J. Kirmayer, M.D.

Summary of Clinical Practice

Patients are referred to the Cultural Consultation Service for complex reasons having to do with social and medical issues in addition to linguistic and cultural barriers. Families of patients often attend consultations, as do referring clinicians. Culture brokers and interpreters are routinely involved in assessment. Diagnostic and treatment dilemmas are usually challenging. Many cases require working with other professionals or institutions as a consultant.

Academic Facilities

Office space for fellows will be provided. The CCS has a room designated for case conferences. The CMHRU has computers with internet access. The Institute of Community and Family Psychiatry also has a library with computers and internet services. Video equipment permits
participation in conferences at distant sites and can also be used for clinical cases when cultural experts are not available in Montreal.

**Fellow Duties and Fellowship Curriculum**

CCS clinical work usually involves 2 days/week, with patient and family interviews, background research on complex cases, and visits to community organizations to provide onsite consultation and inservice training. There are weekly rounds of the CCS team meeting, where cases are formally presented and recommendations finalized. There is also a weekly research seminar. The fellow will be expected to complete an average of 1-2 new psychiatric evaluation every two weeks (25-50 cases over one year), four outreach consultations during the twelve month period, one hour of clinical supervision per week with Dr. Jarvis, and case presentations (psychiatric evaluation plus cultural formulation) at Friday team meetings. These cases will require independent research and consultation with identified culture brokers. A typical cultural consultation includes: 1 to 2 evaluative session (usually 2 hours each); 2) psychiatric reports for each session; 3) preliminary clinical recommendations; 4) contacting referring clinicians, lawyers, and others involved in the case; 5) reviewing the cultural consultation with the culture broker; 6) presenting the case at a Friday team meeting; 7) drafting final recommendations; and 8) letters for refugee or other immigration matters. Reports must be done in a timely manner so as to maintain communication with the many participants in the consultative process. Core readings will be discussed during supervisory sessions. One publication would be expected of the fellow by the end of the year. It should be noted that there is no call to cover the CCS. Fellows may supervise residents assigned to the service. A clinical coordinator is available full time to organize cultural consultations and resolve clinical concerns as they arise. The fellowship may also be combined with work on Consultation-Liaison psychiatry or other clinical services at the hospital for those electing to do less research.

**Publications**


