

## First Episode Psychosis Fellowship

**Name of Institution:** Douglas Mental Health University Institute, McGill University

**Location:** PEPP-Montreal, Douglas Mental Health University Institute

**Number of positions:** Two per year

**Type of Fellowship:** Research (Clinical Research)

**Length of fellowship:** 1 year

### Program Information:

- **Number of fellowship positions requested:** one per year
- **Academic affiliation:** Fellowship will be provided within the Douglas Mental Health University Institute, affiliated with Department of Psychiatry, McGill University. Depending on the project chosen there may be interaction with other departments, especially epidemiology.
- **Name of hospitals involved in training**
  - Only one institution will be involved primarily. However, depending on the nature of the project additional data may be collected at other collaborating institutions (JGH and Notre Dame Hospital)

Background: There has been a burgeoning interest in research in first episode psychosis (FEP) and early intervention. FEP patient samples provide an ideal opportunity to investigate multiple domains of psychopathology, pathophysiology, treatment interventions and outcome and to understand and potentially influence the longer term course of psychotic disorders. This is especially so in a program such as Prevention and Early intervention Program for Psychoses (PEPP-Montreal) at the Douglas Institute, as the sample is extremely well characterized through prospective collection of data on multiple domains on all patients presenting for treatment within a defined catchment area. This provides a highly representative and unselected sample for research purposes.

Investigations currently under way or recently concluded at PEPP-Montreal include studies in early case detection including pathways to care and ethnicity/immigration; brain imaging and neuro-cognitive predictors of short and long term outcome; psychological, social and demographic predictors of outcome on multiple domains; pharmaco-genetic studies; clinical high-risk populations and their transition to FEP; studies of substance abuse in FEP; and controlled trials of mostly non-pharmacological and some pharmacological interventions.

- **Research activity:** Research project offered for fellowship will involve patients being treated for a first episode of psychosis at PEPP-Montreal. The following

- topics represent some examples of research possibilities, depending on the prospective candidate's area(s) of interest:
- (a) A non-pharmacological randomized controlled trial (RCT) comparing extended specialized early intervention with routine care following first two years of treatment in a specialized early intervention service.
  - (b) A comparison of clinical and social outcome in FEP in a developing country (SCARF, Chennai, India) and PEPP-Montreal (Canada), including family factors.
  - (d) An investigation of transition from clinical high risk mental state to syndromal level psychotic disorder: an examination of vulnerability (neurobiological and stress) and protective factors, or of symptomatology and outcomes pre- vs post-transition.
  - (e) An exploration of delusional content in the first two years of psychotic disorder
  - (f) Analyses of predictors and processes relevant to clinical and functional outcomes in FEP

There are additional projects underway at PEPP-Montreal but the above four are most likely to be of interest to residents finishing their residency and interested in clinical research in future.

- Publications: PEPP-Montreal publishes regularly and in a number of topic areas; prospective applicants are invited to check Pubmed.com for recent articles by the principal and co-supervisors (Joober, Shah, Iyer, Malla, Lepage and others).
- Mission: To create knowledge in understanding outcome and to influence outcome in FEP and transfer such knowledge to direct patient care.
- Outline how intended fellowship will enhance residency training: The above list of projects will provide direct experience in clinical research in this exciting and promising area of research in psychotic disorders to qualified residents starting their fellowships and prepare them for a clinical academic career for the future. There is access to multiple disciplines in the program with expertise including psychopathology, epidemiology and outcome research, biostatistics, genetics and neuro-imaging. During the fellowship the candidate will continue to have patient contact through her/his research project while also learning research methods, use of rating scales, data analysis and writing of manuscripts and grants.

**Name of the Fellowship Supervisor:** Ridha Joober, Jai Shah

**Names of the Teaching Faculty**

- Roles: Supervision will be provided primarily by the principal supervisors (Joober and Shah) with additional supervision provided by relevant faculty in the program (e.g Dr. Schmitz for biostatistics, Dr Lepage for neuro-imaging and cognition, Dr Iyer for qualitative, mixed-methods and cross-cultural research), etc.
- Summary of clinical practice: This program (PEPP-Montreal) treats all new cases of FEP in our catchment area using a model generally described as a

specialized early intervention service (SEIS). Multiple treatment modalities are used as per needs of the patient with special emphasis on modified assertive case management and family intervention in addition to rational pharmacotherapy. There is an active early case detection program in operation. The program is multidisciplinary with total integration between clinical service and clinical research. Further information is available at PEPP-Montreal's website: [www.peppmontreal.ca](http://www.peppmontreal.ca)

- Major Strengths include integration of a state of the art, evidence based clinical service and research and evaluation; an early case detection service, open access to all patients for referral to the program, active and assertive follow-up for at least two years across multiple domains of evaluation; highly trained clinical and research staff with low patient/therapist/evaluator ratio. There are six psychiatrists actively working in the program and there is an excellent team spirit. Most of all patients are extremely well characterized and these data easily form the most extensive data base of FEP patients in Canada and amongst the largest in the world.

#### **Academic Facilities**

- Outline facilities for clinical and academic pursuit: Facilities include an independent building that houses the program away from in-patient units, direct access to 5 preserved beds with continuity of care, an excellent infrastructure in the form of well staffed program, a large research staff (approximately 12), regular biweekly research seminars, monthly journal clubs, regular weekly supervision with the primary supervisor and access to a large data base.
- Library access, materials relevant to fellowship training: The program has excellent computer facilities and the hospital library is easily accessible if needed. The program also has maintained a regular dossier of all new research and produces a monthly list of all relevant papers published in the main journals.
- Multimedia learning materials available: Yes there are excellent facilities available both within the program and in the institute generally.
- Availability of a skills lab if applicable

#### **Fellow Duties and Responsibilities**

- Call responsibilities to cover service: To be negotiated with the hospital.
- Include whether the fellow is the senior supervisor of residents: Only if the fellow so desires. It is not required.
- Outline whether there are fixed rotations at various institutions: No
- Outpatient clinic responsibilities need to be outlined: Clinical duties will only extend to the areas relevant for the candidate's research unless specially desired by the fellow.

- Outline role of the fellow towards residents on service: No specific role required.
- Teaching responsibilities towards residents: There are usually no junior residents on service. This is likely to vary as per the fellow's interests.
- Outline participation in academic activities involving the residents: seminars, outcome assessment (morbidity and mortality rounds etc) See above under academic facilities.
- Describe any support staff available to the fellow: program coordinator, nurse clinician, secretarial Yes see above.
- Proposed meetings to be attended by the fellow: Required to attend weekly clinical rounds in the program, weekly research meetings and bi-weekly research seminars.
- Research productivity and publications expected by the Fellow: The fellow will be expected to produce at least one major manuscript from the work conducted and preferably also conduct a systematic review of the topic of interest.

### **Curriculum**

- Intended case load; If the fellow wishes to do a research fellowship clinical work load can be minimal and confined to the fellow's research project and interests.
- Intended Percentage of varieties of cases See above.
- Regular reading materials provided (if any) Provided as part of supervision meetings and reviewed regularly.
- Conference weekly schedules See above
- Role of the fellow in attending, presenting, supervising, organization: The fellow will be expected to regularly provide an update on her/his project, present at research seminars periodically and from time to time participate in family intervention seminars. Also the fellow will be expected to present data collected during her/his project at a national and/or international conference

June 20, 2016