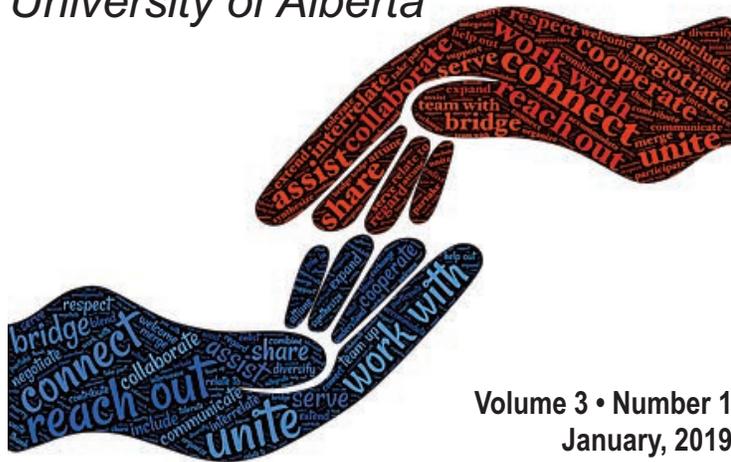


CONNECTIONS

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Message from the Leadership Team



(From left) Mark Snaterse, Executive Director for Addiction and Mental Health, AHS, Edmonton Zone;
Dr. Xin-Min Li, Chair, Department of Psychiatry, U of A;
and Dr. Daniel Li, Interim Zone Clinical Department Head
– Addiction and Mental Health, AHS.

Dear colleagues and friends,

After more than a year of intense negotiations and planning, we are pleased to announce that the province's first Academic Medicine and Health Services Program (AMHSP) for Alberta's practicing psychiatrists will be officially implemented effective April 1, 2019.

As we've explained in previous issues of Connections, the overriding objective of the new AMHSP structure is to ensure that physicians who teach, do research, or assume leadership and administrative roles at Alberta's faculties of medicine are not financially penalized for taking on such activities, compared to traditional fee-for-service work.

We're pleased and excited about the possibilities that the new AMHSP will create as psychiatrists across the Edmonton Zone assess how it may serve to better support their individual career objectives, interests, personal goals and lifestyle preferences. If it is as successful as we hope, the AMHSP could indeed help to change the face of Psychiatry throughout the Zone and beyond.

This important – and some would say, long-overdue – initiative would not have come to fruition if not for the tireless dedication, commitment and teamwork demonstrated by the many individuals who participated in this effort from the University of Alberta's Department of Psychiatry, the University of Calgary Department of Psychiatry, representatives from Alberta Health, Alberta Health Services (AHS), and the Alberta Medical Association (AMA).

In particular, we'd like to thank Mr. Scott Phillips, Assistant Chair, Department of Psychiatry, and Dr. Alberto Choy, Associate Chair, Academic Affairs, Department of Psychiatry. For all their time and effort, we offer our sincere gratitude.

While the AMHSP officially comes into effect on April 1, that isn't to say that all the hard work is done. Far from it, in fact. Much work lies ahead over the coming weeks and months as we sort through the practical details and ramifications of the AMHSP framework, and how it may or may not be suitable for individual physicians as they determine for themselves what remuneration structure best serves their own career plans, priorities and objectives.

What we can say at this juncture is that the provincial AMHSP Strategy Committee has finalized a remuneration framework and

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Message from Leadership Team

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methodology that will determine compensation levels for psychiatrists who wish to apply for the program.

This compensation grid structure will apply province-wide. Equitable budgets have been established by AHS for both the Calgary and Edmonton Zones, although each Zone will have the autonomy to determine their own best processes, key priorities and staffing requirements.

By making remuneration levels consistent for both Edmonton and Calgary, this will ensure that both Zones are competitive for recruitment purposes. It also enhances the sustainability of the AMHSP program and ensures that those who participate in it are able to enjoy their careers and won't feel financially penalized by their choices.

The Department of Psychiatry and officials from AHS will focus in the immediate future on getting a clearer picture of our precise Zonal clinical, academic and research requirements, while also clarifying and presenting the specific criteria for individual physicians who wish to apply for the AMHSP.

It's important to note that the AMHSP may not be available to all who apply for it. There will be an application process, details of which will be shared with Faculty members, administrative staff and other interested parties through Town Hall meetings, and in the February issue of the newsletter.

The first of these Town Hall sessions took place Jan. 23rd at AHS's 107th St. office, and a second is scheduled for Jan. 30th at University of Alberta Hospital (UAH). Additional sessions will take place as needed as we move toward the official April 1st AMHSP launch date.

The process includes an AMHSP Arrangement Management Com-

mittee centered in the Department of Psychiatry, and its membership is defined by the Terms of Reference from the AMHSP Master Agreement. Committee members include Department Chair Dr. Xin-Min Li; AHS's Edmonton Zone Clinical Department Head for Addictions and Mental Health, Dr. Daniel Li; and physician members from the Department.

This committee will work with physicians to develop and design their individual AMHSP contracts. The contracts – or Individual Service Agreements (ISAs) – will be reviewed annually, and will outline in detail the tasks and duties for which an individual psychiatrist is remunerated.

As explained in a previous issue of the newsletter, the ISA's are structured around five distinct physician profiles that stipulate the average amount of time individual physicians are expected to spend on clinical work, research, education, and administration and leadership functions. The profile types are: Clinician Teacher, Clinician Educator, Clinician Investigator, Clinician Primary Research, and Clinician Leader.

"Generally speaking every AMHSP position slots into one of those five categories or physician profiles, and in broad strokes, each one of them stipulates what a particular job within the AMHSP structure is going to look like from year to year," says Dr. Choy.

At this stage, it is too early to predict with any accuracy how much demand there will be among psychiatrists to apply for AMHSP positions. We expect to have a clearer picture after the new fiscal year begins on April 1st. In the meantime, we look forward to sharing more details as they become available in the weeks and months to come.

As we start this new year, we are excited about the possibilities ahead as we embark on a new era for the Department of Psychiatry, and for practicing psychiatrists throughout our province. With your support, we look forward to improving the lives of all Albertans. **C**

Profile: Dr. Tadimeti S. Rao

How Psychiatry Graduate Dr. Tadimeti S. Rao's Career Journey Led Him to One of the World's Top Pharmaceutical Firms

He grew up in a working-class family in southern India, earning a Master's Degree in Pharmacy at Andhra University, northeast of Chennai, in the early 1980s.

In 1987, with a bit of financial help, he moved to far-off Edmonton, where he completed a PhD in Neuroscience in the Department of Psychiatry / Faculty of Pharmacy at the University of Alberta.

Today, he leads a team of scientists at one of the world's biggest pharmaceutical companies, in beautiful San Diego, Calif.

It almost sounds like a Hollywood movie script.

But it's the real-life story of Dr. Tadimeti S. Rao, Scientific Director & Fellow, In Vivo Pharmacology – Immunology, at Janssen Pharmaceutical's Research & Development unit.

That's where Dr. Rao and his team evaluate new preclinical drug compounds that they hope will one day be used in the treatment of inflammation, pain, autoimmune disease, metabolic disease and various forms of cancer.

On a chilly Tuesday in January, Dr. Rao returned to his alma mater in Edmonton, delivering a lecture on Therapeutic Targeting in Multiple Sclerosis at the Li Ka Shing Centre for Health Research Innovation, attended by medical students, Department of Psychiatry Graduate students, Residents and Faculty members.

During a pre-lecture interview, Dr. Rao discussed the long and winding road that led to his current post at Janssen – a subsidiary of multinational U.S. corporate giant Johnson & Johnson – as well as the chal-

lenges and opportunities of bringing new drug therapies to market.

It's a topic he is very passionate about, after spending more than 30 years working for such major industry players as Ciba-Geigy (which later merged with Sandoz to form pharmaceutical giant Novartis AG); Pfizer Inc.; Sibia Neurosciences (acquired by Merck & Co. in 1999); Kalypsis Inc. (a private San Diego-based drug developer); and now, Janssen.

"The drug discovery process is very complex and requires many talents coming together to create a shared vision. Over the years I've worked in multiple therapeutic areas including Neuroscience, Immunology, Metabolic Disease and Oncology. The core competencies that al-

Continued...

Dr. Rao's Career Journey

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lowed me to work in these areas came from the training in Pharmacology and strong mentorship I received from Drs. Baker in Psychiatry and Ronald Coutts in Pharmacy, that I received right here at the University of Alberta," he says.

"One of the unique features of the PhD program at the University of Alberta was the multidisciplinary approach. That's one of the best things that could have happened to me.

As a student I was exposed not only to basic science but also clinical science. So the scientific issues I had to deal with and the skill sets I developed were very applicable as I made the decision to pursue a career in the pharmaceutical industry."

Janssen, founded in Beerse, Belgium in 1953 by famed Belgian Pharmacologist and drug researcher Dr. Paul Janssen, was acquired in 1961 by Johnson & Johnson.

In 2010, all of Johnson & Johnson's far-flung global pharmaceutical operations were amalgamated under the Janssen umbrella.

Today, Janssen employs more than 40,000 people in dozens of countries around the world. The company focuses on six key therapeutic areas, including: Cardiovascular & Metabolism; Immunology; Infectious Diseases & Vaccines; Neuroscience; Oncology; and Pulmonary Hypertension.

"Our San Diego site has about 250 employees; our site in Spring House, Penn. has about 2,000 employees; and we have a major research centre in Beerse, Belgium (Johnson & Johnson's largest operation out-

side the U.S.) that also has a manufacturing plant," Dr. Rao explains.

"There are probably about 7,000 employees there, so it's an enormous site. Overall Janssen has about 10,000 people with varied skill sets working in Research & Development, if you include all the various functions."

Dr. Rao works in Janssen Immunology Discovery and leads the Pharmacology team within that area, which provides all of the preclinical models that are used to eval-

trial, the results of which form the basis for any New Drug Application (NDA) that is filed with the drug regulatory agencies."

It's an expensive, risky, and time-consuming process. On average, it costs somewhere between \$1.5 billion (US) to \$2 billion (US) to develop a new drug, from initial concept to the commercial marketplace. The average timeline: 10 to 15 years, says Dr. Rao.

"There is also a very significant attrition rate when you are developing new drugs.

Often, new drugs won't work the way you expected it to work when you go from animals to human subjects. There are always surprises. So part of the Discovery Team's goal is to minimize those unpleasant surprises and build confidence that the drug will work the way you expect it to work."

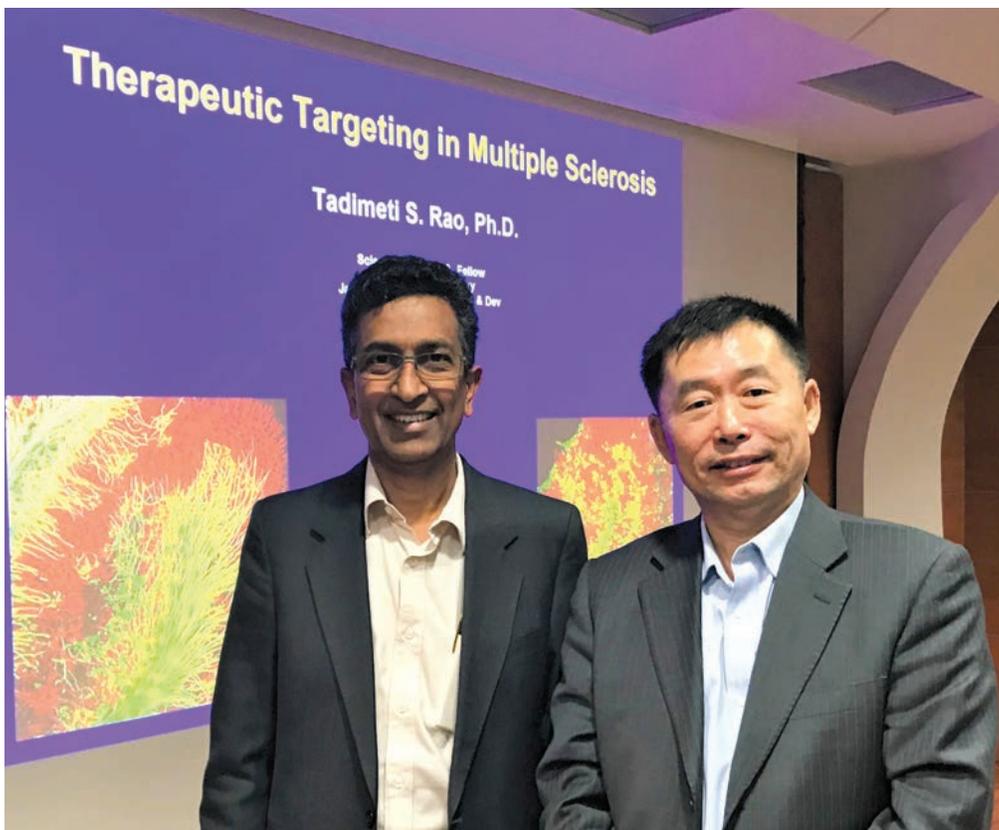
Aside from the scientific challenges, developing new drugs entails other challenges as well. Sometimes there are personal-

ity clashes, and successful people with healthy egos don't always agree on the best path forward.

"A sports analogy is a good way to think about it. It's not the individual but the team that defines success. You may be very good at what you do, but at the end of the day there is only one common goal, so leaving your ego at the door is important. In a drug discovery program there is no room for prima donnas. But a good manager or project team leader will identify any rough edges and deal with them before they become bigger problems."

Since many promising compounds fail in

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Dr. Tadimeti S. Rao and Dr. Xin-Min Li

uate various drugs.

"In our area, in any given year, I'd say we develop three to five new molecular entities – or new drug candidates – that are ready to be tested in humans. In Phase I, these molecules will first undergo enabling toxicology studies, safety evaluation, scale up and manufacturing. Once they complete the first human clinical trials – mostly looking at safety and tolerability, not efficacy – you move to Phase II," he explains.

"That's where selected doses will be tested in a control group of patients to get clearer preliminary evidence of efficacy and safety. Then, based on the data from Phase II, we may proceed to a full-blown Phase III

Dr. Rao's Career Journey

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clinical trials, some research scientists will go through their entire career without seeing one of their compounds succeed in the commercial marketplace. That's not the case for Dr. Rao, who participated in the advancement of several new drugs into the clinic, including Pfizer's Celebrex, which has been used by millions of patients to treat such conditions as Acute Pain, Osteoarthritis and Rheumatoid Arthritis.

"I've been fortunate in my career to work on multiple programs that have entered the clinic in Phase I or Phase II. In every therapeutic area in which I've had an opportunity to work I feel fortunate to have been part of a team that was successful in taking a concept into the clinic. That doesn't mean it gets into the market, of course. But the Cyclooxygenase Inhibitor (Cox-2) is an example of a project that went all the way to the market."

So what is Dr. Rao and his team working on today?

"Our research focus now is on Autoimmunity so we're developing novel therapies



Dr. Tadimeti S. Rao

for Rheumatology, Gastroenterology and Psoriasis, where there is a significant unmet need. There are a lot of drugs out there today and patients clearly have options

compared to 10 or 15 years ago, but not all patients respond to existing therapies, so there is a need for much more effective therapies," he says.

As for his long-term career plans, they remain unchanged. After working for more than 30 years in the pharmaceutical industry, he says he is as engaged and excited about discovering new, more effective drug compounds as he was when he started.

"My passion remains in drug discovery, and the chance to learn something new. I feel very fortunate that the organization trusts scientists like me to tap into their creativity and work on a problem. There is no easy way to describe how satisfying that is. If you have a good day solving a problem, it is worth the weeks of frustration you sometimes experience. For me, a failed experiment is as important as a successful experiment, because it tells me where I should focus my energies for the next study." **C**

A Tribute to Dr. Glen Baker

After an Accomplished 41-Year Career in the Dept. of Psychiatry Dr. Glen Baker Isn't Quite Ready to Walk Away Just Yet

Dr. Glen Baker, who has played more feature roles than an Oscar winner over the course of his multifaceted 41-year career in the Department of Psychiatry, has retired.

Well, sort of. With an asterisk. In a manner of speaking.

Officially, Dr. Baker, 71, retired about 18 months ago as a Distinguished University Professor in the Department of Psychiatry. He was named Professor Emeritus shortly thereafter.

At that point one might assume Dr. Baker would bid adieu to his colleagues and students, not to mention Edmonton's long winters, and head off to a well-deserved rest at his second home in Summerland, B.C., on the shores of beautiful Okanagan Lake.

Or, one might expect him to jet off to exotic locales like Greece or Egypt – destinations that are high on his 'bucket list' – or perhaps to England, where he lived for several years, to indulge in his passion for collecting antiquarian books.

Well, turns out that's not the way Dr. Baker rolls. It's clear he still loves his work, and interacting with the students and Psychiatry Residents he mentors, far too much to simply close the door and turn the page. Which explains why Dr. Baker's retirement looks more like a kind of slow-motion tactical withdrawal than an exit.

Indeed, he spent the first 10 months of his (alleged) retirement filling in as Interim Chair of the Department of Pharmacology at the request of the late Dr. Richard Fedorak, former Dean of the Faculty of Medicine & Dentistry.

Dr. Baker was a natural choice for such a leadership role. After all, at various times over the years he has also served as: Chair, Interim Chair, Acting Chair and Associate Chair for the Department of Psychiatry; Director of the Neurochemical Research Unit (NRU) (which he co-founded in 1979); and an Associate Vice-President (Research) for the University of Alberta.

I could go on, but you get the idea. Those are just some of the highlights. A full list of Dr. Baker's professional titles and various professional activities would fill most of this page.

Since he completed his assignment as Interim Chair of the Department of Pharmacology at the end of June 2018, Dr. Baker has refocused on his main passion: research.

"I have research funds for the next one and a half years, and I continue to supervise or co-supervise some graduate students, undergraduate students and Psychiatry Residents in research projects or courses," he explains.

Dr. Baker also still serves on a number of committees, but he expects to wrap up most if not all of those remaining commitments by early 2020.

"Most of my work is in the NRU. It involves lab research and mentoring graduate students and Psychiatry Residents. So I'm still teaching in that way, but now that I'm a Professor Emeritus, I've dropped most of my lecturing," he says.

Continued...

Dr. Glen Baker

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“The best part of it all is seeing younger academic colleagues, including graduate and undergraduate students, postdoctoral fellows and Psychiatry Residents advancing in their careers and their personal lives. That’s probably the most rewarding part of the job.”

Dr. Baker’s academic career began not far from his home town of Watrous, Sask., at the University of Saskatchewan, where he completed a BSP and an MSc in Pharmacy, followed by a PhD in Biological Psychiatry in 1974.

He spent the next three years in England, where he was a Medical Research Council of Canada postdoctoral fellow in the MRC Neuropharmacology Unit at the University of Birmingham Medical School.

“While I was in Birmingham I had some communication with Dr. Bill Dewhurst, who was then the Chair of the Department of Psychiatry at the U of A. Eventually I came back to Canada and took a job here in 1977, as an Assistant Professor, and I’ve been here ever since,” he says.

“Even though I was not a Psychiatrist, I was made to feel welcome in the department not only by Dr. Dewhurst but by the other staff, and was fortunate to have as my mentors people like Drs. Roger Bland, Peter Hays, Geoff Hopkinson and Gordon King.

Two years after he arrived in Edmonton, Dr. Baker, Dr. Dewhurst, and Dr. Ron Coutts – a Professor in the Faculty of Pharmacy and Pharmaceutical Sciences – teamed up to establish the NRU. Dr. Baker continued to head the NRU until 2013, when he was succeeded as Director by Dr. Ian Winship.

“The NRU is now in its 40th year, and it’s still thriving and growing. Dr. Winship is doing a great job. We’ve seen a large number of really good people, including academics, trainees and support staff, who have come through the NRU over the past 40 years, and I feel really fortunate to have worked with them” he says.

Dr. Baker’s research has largely focused on developing assays for neurochemical biomarkers and for drugs used to treat various psychiatric and neurological disorders.

“I’ve done a lot of work on the mechanisms of action and metabolism of antidepressants and antipsychotics. I’ve also done a fair

bit of research on drug-drug interactions involving drugs used to treat psychiatric disorders. Many people who are being treated for mental illnesses are on multiple drugs, so you have to be aware of drug-drug interactions that could have adverse consequences.”

“In recent years I’ve become more involved in research related to neuropsychiatry, studying neurological disorders in which there is a frequent occurrence of psychiatric symptoms. For example, we’ve been looking at some potential biomarkers in multiple sclerosis (MS) and how we might be able to affect some of the neurochemical changes that occur in MS,” he says.

“That research has mainly been with animal models but we’ve also done some clinical work. In those areas I’ve worked with two

colleagues at the U of A, Dr. Brad Kerr, an Associate Professor in the Department of Anesthesiology and Pain Medicine, and Dr. Chris Power, a Professor in the Division of Neurology.”

Dr. Baker traces his fascination with the brain and how it functions to Dr. Jonathan Dimmock, now Professor Emeritus in the College of Pharmacy and Nutrition at the University of Saskatchewan.

“He was one of the best lecturers I ever had, and he really got me interested in antipsychotics and antidepressants in his medicinal chemistry course. So when the opportunity came up to move over to Psychiatry I took it.”

Dr. Baker also credits a long list of current and former Faculty members and other colleagues for his success, including Dr. Klaus Gendemann, Dr. Alan Gordon, Dr. P.J. White, Eleanor Grant, Gail Rauw and Jordyce van Muyden. He also thanks key collaborators such as Drs. Jean-Michel Le Melleo, Kathryn Todd, Satya Kar, Serdar Dursum, Andrew Holt, Darrell Mousseau and Marco Leyton.

“These are the people with whom I have worked most closely in recent years, but I have been fortunate to have many other excellent colleagues, particularly in the mental health area, and if I named them all, it would be a very long list!” he says.

“When I look back over the past 40 years, the things we’ve learned about how the brain functions have been remarkable. We now know a great deal more about how chemical messengers (neurotransmitters) work, the many factors that interact with them, and the mechanisms of action of drugs acting on the

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Dr. Glen Baker

Dr. Glen Baker*Continued from page 5*

brain. When I started research, we were focusing almost exclusively on neurons, but now we know that glial cells actually have many very important functions related directly to brain activity as well," he says.

"Research on the brain has advanced a great deal in the last four decades, and years from now it's going to be very interesting to look back on this period and see just how far we have pro-

gressed. Brain imaging is getting more and more sophisticated all the time. Many people are now exploring areas like machine learning and artificial intelligence to help with diagnosis and with predicting the occurrence of various mental illnesses," he adds.

"These are obviously very complex, but really exciting, areas. They are not fields in which I have been involved, but several other researchers in the Department of Psychiatry are working in these areas. Hopefully they will make great breakthroughs that will benefit people suffering from mental illnesses." **C**

On Stage: Brad Necyk's New Play Stormshelter

PhD Graduate Student Brad Necyk's New Play Stormshelter Garners National Media Attention

He's an accomplished multimedia artist, teacher, researcher and PhD student in the Department of Psychiatry's Graduate Program.

Now, Brad Necyk can add another appellation to his growing academic and professional resume: playwright.

In October, Necyk's play, *Stormshelter*, premiered at Toronto's Centre for Addiction and Mental Health (CAMH) as part of the annual Rendezvous with Madness Festival.

Funded by the Canada Council for the Arts, the Edmonton Arts Council, and the Alberta Foundation for the Arts, *Stormshelter* was produced by StoneMarrow Theatre and directed by Perry Gratton.

Starring actors Samantha Jeffery and Michael Peng,

Stormshelter is the story of Alberta, a troubled mother with bipolar disorder who, aided by her psychiatrist, struggles to overcome life-shattering illness and trauma.

As she embarks on her difficult journey toward healing and recovery in a psychiatric hospital, Alberta looks forward and backward at her life, trying to learn how to be the best parent she can be while living with illness.

During one manic episode, Alberta is struck by visions and insights that yield a heightened understanding of her life and condition, guiding her back toward her children.

Although *Stormshelter* was only performed a handful of times in a small, intimate space at CAMH, it has attracted

time playwright – especially in view of the fact that Necyk had no intention of writing a play in the first place. As he tells it, the play only came about due to a miscommunication with Workman Arts, organizer of on the Rendezvous with Madness Festival.

"I was in Buenos Aires last February

doing an arts residency and I was sitting at this little café when the idea for the play came up," he says.

"I had written the story itself before that. It was in a narrative form that I would read, about myself and my family as I went through a manic episode. So when I was contacted by Workman to submit something for the festival, I sent them this live narrative that I planned to read, called *Alberta #3*."

But Workman said

it wanted something more "performative," he explains.

"I knew they had a site-specific theatre component to the festival, and like a flash, the whole structure of the play came to me. It was built around a mother and a doctor at CAMH, and a series of small vignettes – jumbled and out of order – of conversations

Continued...



Brad Necyk

national media attention.

CBC Arts ran two stories on the production, including one last July by CBC Arts Senior Writer Leah Collins, and a follow-up piece in December by CBC producer Lise Hosein. The latter included a five-minute video of the play by filmmaker Tamarra Canu.

That's quite a media splash for a first-

Stormshelter

Continued from page 6

that would cut out every time the subject of her children came up,” he explains.

The entire concept for the play came together in minutes.

“I paid my bill, ran back to my apartment and started writing everything down before I forgot it. When I had written a 20-minute rough draft of the play I submitted that to the festival, and it was accepted. But the curator asked why I submitted a play, and not art. I said I thought that’s what she wanted. In fact, she wanted an art performance, not a theatrical production. But it all worked out in the end.”

While the structure of the play came together quickly for Necyk, the subject matter stems from a much longer process: his own multi-year battle with bipolar disorder, and the time he spent at CAMH in 2017.

Necyk was already living with bipolar disorder when he completed a Master of Fine Arts degree at the University of Alberta in 2013. Much of the research and art he has created since revolves around what it means

to be ill, what it means to have a mental illness, and how that relates to psychiatry as a medical discipline.

As a result, he has spent a lot of time creating art with and about patients of all kinds, including psychiatric patients. And that’s what led him to CAMH in the first place.

“The play follows a mother’s story, but it was essentially my story,” he says.

“In June of 2017 I had a very severe manic episode. I had just finished a year going back and forth to CAMH and spending time in the unit. On any given day I might be in the nursing station with the psychiatrists and nursing staff, sitting with patients in the

common area or in therapy sessions, or just making art,” he recalls.

“While Stormshelter is a two-person play, the main characters are really composites of people, including the patients I met there and became close to as I learned about their personal stories and journeys. The psychiatrist is also a composite of a number of doctors and health care professionals that I met, including my own psychiatrist, so it was all a big mix.”

The play was performed in a tight rectangular-shaped space – similar to a long

roughly based on the same story, and I’m making a lot of visual art right now for a number of exhibitions that are coming up, all around my doctoral studies. I’ve got five or six major exhibitions this year, including one at the Art Gallery of Alberta and another at the Scott Gallery in Edmonton. As for the play, it is probably going to be shown again in Calgary and in Edmonton over the summer.”

Meanwhile, Necyk has already completed a first draft of his doctoral thesis and is awaiting feedback from his supervisory

committee. If all goes well, he’s hoping to complete his PhD by spring or summer.

“I’m applying for academic positions now, and my hope is to find a position in a Medical / Psychiatry Department and a Fine Arts Department. I really love engaging with arts students, making art and thinking about art. But I also enjoy being in a completely different domain where I can enrich the overall research environment, and that’s why I love Psychiatry.”

That said, Necyk admits that casual

friends and neighbours often have difficulty wrapping their heads around exactly what he does for a living, or the specific nature of his academic work.

“To keep it simple I often boil it down by saying that I’m an artist. Then people will say, ‘Oh, that’s interesting.’ And then it might come out that I teach at the university, or that I’m doing a PhD in Psychiatry. And then I’ll start talking about my research into creative altered states of consciousness,” he says.

“Well by then everyone thinks I’ve just gone bonkers,” he chuckles. “So I would say that the general reaction I get is one of confused interest.” **C**



Stormshelter actors Samantha Jeffrey and Michael Peng

boardroom – that placed the audience within the play itself.

“I really wanted them to be immersed in it rather than just being passive, objective viewers, so it was pretty emotionally intense. It was also a different experience for me because I had to collaborate with so many people. People bring new ideas and energy and heart all sorts of things to a project, and that’s really beautiful. All of their efforts brought the play to a different level than what I could have imagined on my own.”

So what is next on Necyk’s agenda? A lot, apparently.

“I’m about halfway through a novel

Spotlight: Residents' 5th Annual Clothing Drive It's Official: PGY-3 Grabs the Gold Medal as 5th Annual Residents' Clothing Drive Competition Wraps Up

All hail the Psychiatry Residents of PGY-3! The PGY-3s were recently crowned the top team in the Department of Psychiatry's 5th Annual Residents' Clothing Drive.

They snatched the title from the current PGY-4 class, whose success a year ago marked the end of a multi-year dynasty by the current PGY-5 class.

After donating a mountain of mittens, toques, socks, sweaters, jackets and other needed items of clothing to Edmonton's Bissell Centre, the PGY-3 Residents amassed an impressive total of 754 points to win gold.

That gave them a comfortable margin of victory over the runner-up PGY-5 Residents, who finished with 419 points, good enough for silver. PGY-2 Residents took the bronze medal, with 253 points.

Besides earning bragging rights, the first-place PGY-3 team also won a \$100 gift certificate.

"Historically it has been my (PGY-5) class that has won every single year, but this year the PGY-3 Residents took the lead and never looked back, so I have to take my hat off to them. They did a great job for a great cause," says Dr. Reji Thomas, who remained gracious in defeat.

The point totals for each class reflect both the volume of clothing and the specific types of items that were collected, with winter jackets, for example, garnering more points than socks.

In all, the Residents collected 381 toques, mittens, shirts, pairs of socks or items of underwear; 82 sweaters, pants or long underwear; and 12 winter jackets or pairs of winter boots.

"Our Psychiatry Residency puts together an Advocacy Committee each year, and we put a priority on doing a bit more for the people we often serve in Emergency Departments, including those without a physical home," says Dr. Thomas.

The members of this year's Advocacy Committee included: Dr. Megan Bach, Dr. Christina Maslo, Dr. Michael Martyna, Dr. Bethany Ostrowerka, Dr. Olivia Guerra and Dr. Thomas.

"We're trying to expand our activities on other fronts, but the

Clothing Drive is the main thing we do every winter. Last year we contributed our clothing to the Bissell Centre and in the past, we've given to the Youth Emergency Shelter as well. This year we decided to give to the Bissell Centre once again," he says.

"The main things they need in the winter are socks and warm clothing. The Bissell Centre collects an astronomical amount of clothing yet they still run short every winter, so the need in the community is great."

Caitlin Beaton, the Bissell Centre's Director of Community Programs & Services, echoes those sentiments.

"In the winter months we probably serve upwards of 400 people a day who come in and access our community drop-in space. Within that space we have our community closet, where our adult clothing donations are collected and sorted," she says.

"Every day we see 40 to 50 people, minimum, who access clothing from the closet. That works out to about 250 people a week. Over the course of a full year we probably serve over 13,000 people, just through our community closet," she adds.

"So we are always very grateful and very appreciative to groups like the Department of Psychiatry and everyone else who organizes activities on our behalf and supports us through donations."

Dr. Thomas expects to assume a post at Grey Nuns Hospital in July, after he completes his final year of Residency.

Although he will no longer be a Resident, he has a specific message for Faculty members in the Department of Psychiatry: he invites them to form a team of their own to compete in next winter's 6th Annual Clothing Drive.

"The residents have learned a lot from those who lead us, and there are a lot of great philanthropists among the Faculty members in the Department of Psychiatry. I think the Residents should create an avenue for them to display their excellent philanthropic skills. It would be great to have the Faculty match the Residents' donations next year." **C**



Dr. Reji Thomas