Clinical/Research Electives

Clinical Electives
Assertive Community Treatment (ACT)
Addiction Psychiatry VAMC-Atlanta
Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities
Elective in Clinical Psychiatric Oncology
The Carter Center – Policy Focus
The Carter Center – Liberia Project Child Psychiatry
Child Psychiatry
Consultation/Liaison Service – Emory Univ Hospital
Consultation/Liaison Service – Grady Hospital
Consultation-Liaison Service - Atlanta VA
Cultural Psychiatry - Grady
Domiciliary Care for Homeless Veterans (DCHV) – Atlanta VA
General Psychiatry Practice Elective
Family Therapy Elective
Faculty Staff Assistance Program
Forensic Psychiatry
Geriatric Psychiatry and ECT Elective
Geriatric Psychiatry VA Outpatient Elective
Good Samaritan Health Center
Grady ED Elective
Grady Nia Project
HIV/AIDS Mental Health/Substance Abuse Elective
Outpatient Perinatal Psychiatry and Psychotherapy Emory Women’s Mental Health Program PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)
Senior Resident Psychopharmacology Elective
Safety, Trauma, and Recovery – StaR (PTSD/Substance Abuse treatment program)
Sleep Medicine Elective
Student Health Clinic Elective (Emory University)
Time-Limited Dynamic Psychotherapy
Medical Toxicology Elective
Treatment Resistant Schizophrenia / Clozaril Clinic
VAMC/Fort McPherson – Women’s Center of Excellence
Women’s Mental Health Program Perinatal Clinical Care - Grady

Research Electives
Child Psychiatry Research at Grady
Grady Trauma Project
Mood and Anxiety Disorders Program: Clinical Trials Elective
PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)
Schizophrenia Research at VAMC
Trauma Recovery Program
Warrior Care Network Elective
Electives by Site

Grady
- Assertive Community Treatment (ACT)
- Child Psychiatry
- Child Psychiatry Research at Grady
- Consultation/Liaison Service – Grady Hospital
- Cultural Psychiatry
- Family Therapy Elective
- Forensic Psychiatry
- Grady Trauma Project
- Grady ED Elective
- Grady Nia Project
- HIV/AIDS Mental Health/Substance Abuse Elective
- Time-Limited Dynamic Psychotherapy
- Medical Toxicology Elective
- Treatment Resistant Schizophrenia / Clozaril Clinic
- Women’s Mental Health Program Perinatal Clinical Care

Emory/Wesley Woods
- Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities Elective
- In Clinical Psychiatric Oncology
- Consultation/Liaison Service – Emory University Hospital
- General Psychiatry Practice Elective
- Geriatric Psychiatry and ECT Elective
- Mood and Anxiety Disorders Program: Clinical Trials Elective
- Outpatient Perinatal Psychiatry and Psychotherapy Emory Women’s Mental Health Program Senior
- Resident Psychopharmacology Elective
- Sleep Medicine Elective
- Student Health Clinic elective (Emory University)
- Warrior Care Network Elective

VA
- Addiction Psychiatry VAMC-Atlanta
- Consultation-Liaison Service - Atlanta VA Medical Center
- Domiciliary Care for Homeless Veterans (DCHV)
- Geriatric Psychiatry VA Outpatient Elective
- Schizophrenia Research at VAMC
- Safety, Trauma, and Recovery – StaR (PTSD/Substance Abuse treatment program)
- Trauma Recovery Program
- VAMC/Fort McPherson – Women’s Center of Excellence

Other
- Faculty Staff Assistance Program
- Good Samaritan Health Center
- The Carter Center – Policy Focus, The Carter Center – Liberia Project
Elective: Community Outreach Services (COS) - Grady Memorial Hospital

Years Offered: PGY-2 and/or PGY-4

Faculty: Mustafa Kendi, MD

Summary: Assertive Community Treatment (ACT) - In this setting, residents will be the physician member of an ACT team and able to contribute to solutions for ACT team clients’ complex social issues. Activities will include engaging clients, performing mental health assessments, and providing medication management in the community (jails, streets, cafes, individual homes, personal care homes, etc). Residents will have the opportunity to advocate for their clients, work with other service entities, and learn more about existing resources for homeless and severely mentally ill.

ACT program plans to use telemedicine for outreaching to patients who otherwise would have difficulty to utilize ACT services.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week

Objectives: Can be individualized based on Resident interests

Location: Grady Memorial Hospital

Support: Grady Stipends
Elective: Addiction Psychiatry VAMC-Atlanta

Years Offered: PGY-2 and/or PGY-4

Faculty: Jennifer Casarella, MD, Ayman Fareed, MD

Summary: The Substance Abuse Treatment program at the Atlanta VAMC offers a variety of elective experiences for PGY-4 residents. Three electives have been established by previous residents, but the VA Addiction Psychiatry Faculty are open to tailoring a unique experience for an interested resident. Previous rotations have included the following:

1. Residents can elect to spend 4 or more half-days per week working with one of the intensive outpatient treatment programs functioning as a junior attending, attending journal clubs and weekly group supervision as well as individual supervision.

2. Alternatively, one may elect to work with the Opioid Agonist Therapy Clinic and gain experience prescribing methadone and buprenorphine.

3. One can elect to spend one hour of supervision each week learning cognitive behavioral therapy for substance use disorders, 12-step facilitation therapy, and/or motivation enhancement therapy for select patients from the OPTP. The resident will need to receive approval from both the Addiction Psychiatry attending and the Director of the OPTP.

4. Residents can elect to spend 4 or more half-days per week with the Substance Abuse Trauma and Recovery (STaR) Program. This manually-guided, cognitive-behavioral therapy approach to treating PTSD and SUDs simultaneously.

Maximum: 2 residents

Time commitment: Flexible – up to 8 half days per week depending on OPTP patient load

Objectives: Can be individualized

Location: VAMC

Support: VA Stipends
Elective:  Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities

Years Offered:  PGY-3

Faculty:  Joe Cubells, MD, PhD

Summary:  Autism spectrum disorders (ASD) and intellectual disability (ID) are lifelong conditions that present a mix of “bread and butter” psychiatric challenges (e.g., depression, anxiety or psychosis), as well as issues that do not always present in the general psychiatric clinic population (e.g., the need to consider genomic testing during evaluation; the need for the psychiatrist to interact with a variety of service agencies serving the intellectually disabled; specific deficits in language, communication and reciprocal social interactions, etc.). This clinical experience will provide trainees the opportunity to evaluate and treat adults with ASD and/or ID, sometimes idiopathic, and sometimes related to a genomic disorder, in the setting of a specialty center (the Emory Autism Center) that treats persons with ASD and ID of all ages.

Maximum:  2 residents

Time commitment:  In general, 1 half-day/week for one year, although this can be negotiated. A weekly supervision meeting with Dr. Cubells will be part of the half-day experience.

Objectives:  

1. To gain clinical experience in outpatient psychiatric evaluation and management of patients with autism-spectrum disorders (ASD) and related neuro-developmental disabilities (NDD), including the following:
   a. Psychopharmacological management.
   b. Diagnostic evaluation of ASD.
   c. Team-based treatment approaches.
   d. Psychiatric interviewing of ASD patients and their family members.

2. To become familiar with the role of genetic testing in the evaluation of ASD and related NDD

Location:  The Emory Autism Center, located on the Clairmont Campus

Support:  Emory Stipends
Elective: Carter Center – Policy Focus

Years Offered: PGY-4

Faculty: Thom Bornemann, EdD

Summary: The Mental Health Program at the Carter Center works to promote awareness about mental health issues, inform public policy, achieve mental health parity, and reduce stigma against those with mental illness. There are a number of opportunities related to policy work, at the local, state, and international level. Resident involvement could include writing papers, assisting with analysis of portions of the legislation, attending advocacy oriented meetings, involvement with lobbyists, education, and other behind the scenes work.

As examples, residents can participate in combinations of the following activities:

1. Initiatives in GA
   - A Department of Justice (DOJ) lawsuit against the State of Georgia was initiated in 2008, and a settlement agreement was brokered in Oct 2010, focusing on the neglect of the public mental health system. The lawsuit cited inadequate and unreliable discharge resources. Resident involvement could involve reviewing the literature on how other states are managing these agreements.
   - There are also opportunities involving the implementation of the Affordable Care Act. The Carter Center will be helping to interpret for the states.

2. Medicaid redesign
   - The Carter Center is monitoring the redesign process and advocating for our patients with disabilities
   - Experience could involve writing requirements, contracts, etc. (the nuts and bolts)
   - Help to ensure that the contractors involved understand the types of services that our patients need and will they be able to deliver it in the new program
   - Residents get exposure to management and policy

3. Child and Adolescent Initiative
   - Mental health and substance use care for children and adolescents was not addressed in the DOJ settlement and the public system currently faces considerable challenges
   - Process starts with an intensive due diligence process, looking at feasibility and system development opportunities

4. Substance abuse
   - There are projects in and out of the city, including SBIRT through SAMHSA
   - Opportunities to work with John Bartlett, MD, MPH in assisting the state systems implement SBIRT in the hospitals

5. Integrative Care Project
Residents are going to be facing new practice environments and can get training to be prepared
-Supervision from John Bartlett, MD, MPH, who formerly worked at Cigna, and has a unique perspective in helping to link the private and public sectors, the separation of which is now becoming irrelevant (i.e. Medicaid is being privatized)
-Help to organize payers in a summit and get the private and public payers to meet

**Maximum:** N/A

**Time commitment:** Flexible – up to 8 half days per week depending on OPTP patient load

**Objectives:** Can be individualized

**Location:** The Carter Center

**Support:** Departmental Stipends
Elective: **Carter Center – Liberia Project**

**Years Offered:** PGY-4

**Faculty:** Thom Bornemann, EdD

**Summary:** The Liberia Project is a 5-year, multinational project focused on scaling up services and health development in a post-conflict low-income environment. The Carter Center has had an investment in conflict resolution/peace/election monitoring for over 20 years in Liberia.

The Liberia Project has 3 components:

1. Training of Mental Health providers
   - Project focuses on developing and implementing a training program for mental health care for post-graduate nurses and physician assistants who do the bulk of the clinical care
   - Program has graduated 79 people (20 students per cohort), with goal of 150

2. Working with ministry in support of national health policy
   - Development and implementation of national health policy (plan is done, now working on implementation)
   - Advocate for national mental health legislation
   - Set up and deliver continuing education workshops
   - Collect data on the effectiveness of nurses’ work

3. Psychosocial Education and Advocacy
   - Healthcare in general is provided by the family
   - Educate family on mental illnesses and how to access mental health services
   - Teach family about conditions, accessing care and help organize into advocacy groups locally and nationally
   - Participate in anti-stigma efforts

Residents have the opportunity to participate in several aspects of the project. The experience could include spending 3-4 weeks in the hospital in Monrovia, the capital city of Liberia, assisting in teaching the curriculum and providing clinical care. There are extremely high rates of sexual abuse and PTSD in this population, in part due to the use of child soldiers during the war. In addition, culture-bound syndromes are not uncommon in the population.

**Maximum:** N/A

**Time commitment:** Flexible – up to 8 half days per week depending on OPTP patient load. If traveling to Liberia, this would involve 3-4 weeks in Liberia.

**Objectives:** Can be individualized

**Location:** The Carter Center and potentially Liberia

**Support:** Departmental Stipends
Elective: Clinical Psychiatric Oncology

Years Offered: PGY-4

Faculty: Wendy Baer, MD

Summary: This elective is designed for a 4th year resident with an interest in consult-liaison psychiatry that focuses on the cancer patient. The elective will consist of inpatient and outpatient care of the psychiatric needs of cancer patients at the Winship Cancer Institute. Typical patient encounters involve diagnosis, medication management, and psychotherapy related to issues common for the cancer patient including: depression, anxiety, cognitive dysfunction, substance misuse, fatigue, and pain.

The elective includes creation and implementation of educational activities for physicians, nurse practitioners, social workers, and patients. The resident must commit to at least one half day per week for three months, but there is an option for up to a full day per week for six months.

Maximum: 1 resident

Time commitment: 1 half-day to 1 full day per week (must be combined with another elective option)

Objectives: The resident will
1. Advance their skills in evaluating and treating patients who have psychiatric symptoms in the setting of cancer diagnosis and treatment.
2. Improve their understanding of medically complex cancer patients with special attention to issues of quality of life, end of life issues, and family dynamics for patients and caregivers. Residents will also advance their ability to treat mental distress in patients with cancer implementing both biological and psychological modalities.

Location: Winship Cancer Institute, Emory University Hospital

Support: Emory Stipends
Elective: Child and Adolescent Psychiatry

Years Offered: PGY-2 and/or PGY-4

Faculty: Jennifer Holton, MD

Summary: Generally the elective can be arranged to fit the interests of the resident. The elective can involve:

- Outpatient clinical experiences including
  - Psychopharmacology clinics
  - Psychotherapy clinics
  - Autism clinics
  - Neurodevelopmental evaluation clinic
  - Family therapy
  - Child and Adolescent Forensics
  - School Consultation
  - Observation of normal and delayed development in a preschool environment

- Inpatient clinical experiences
- C/L clinical experiences at CHOA
- Research opportunities

Interested residents should call Dr. Holton prior to the rotation to discuss their interests and possible assignments/schedules

Maximum: 1 resident

Time commitment: Variable – up to 8 half days per week

Objectives: Would be developed individually for each resident

Location: EP12 and other Emory and community sites

Support: Grady Stipends
Elective: Consultation/Liaison Service – Emory University Hospital

Years Offered: PGY-2 and/or PGY-4

Faculty: Raymond Young, MD

Summary: This rotation serves to those residents who have a strong interest in the subspecialty field of psychosomatic medicine. The residents will have opportunities to serve as consultation to inpatient medical and surgical patients. They will have opportunities to address a variety psychiatric groups which include affective disorders, anxiety disorders, delirium, somatoform disorders, and substance abuse. They will also get the unique opportunity to evaluate surgical candidates for heart, lung and liver transplants. They will also have the opportunity to work with and teach medical students who rotate on the service. All aspects of the rotation are supervised by an attending psychiatrist.

This rotation can be combined with other consultation/liaison sites including Grady Hospital and Emory University Hospital Midtown.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week

Objectives: Residents will
1. To develop further proficiency in psychiatric assessments in medically ill patients.
2. To determine appropriate follow up care, whether it is medication mgmt or supportive psychotherapy.
3. To develop proficiency in psychological evaluation of transplant candidates
4. To develop teaching skills to provide education to the consultee as well as medical students.

In addition objectives can be further individualized according to the resident’s interests.

Location: Emory University Hospital

Support: Emory Stipends
Elective: Consultation/Liaison Service – Grady Hospital

Years Offered: PGY-2 and/or PGY-4

Faculty: Ann Schwartz, MD

Summary: This rotation trains residents to serve effectively as a psychiatric consultant with additional opportunities to liaison with specialty medical services at Grady Memorial Hospital. In this capacity, residents provide psychiatric consultation exclusively to medically admitted patients who concurrently are experiencing (or are perceived to be by the primary team) psychiatric difficulties. Given the diversity in patients serviced at Grady Hospital, resident will have exposure to wide variety of psychiatric populations (e.g., delirium/dementia, psychotic disorders, affective disorders, anxiety disorders, substance use disorders, somatoform/conversion disorders, as well as Axis II disorders). Additionally, this rotation affords residents the unique opportunity to provide psychiatric care to specific medically ill populations, such as cancer patients, individuals infected with HIV/AIDS, dialysis patients, amputees, and severe trauma patients (GSWs, MVCs, burn survivors).

The CL service, overseen by several Psychiatrists, serves as a teaching service for psychiatric residents, medical students, and psychology interns who receive bedside and formal group supervision from the CL Attendings for every patient evaluated. This rotation also includes regular didactic clinical training components emphasizing the practice of evidence-based psychopharmacology and skillful clinical interviewing.

This rotation can be combined with other consultation/liaison sites including Emory Hospital and Crawford Long Hospital.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week

Objectives: Residents will

1. Increase competency and efficiency in conducting psychiatric assessments for medically involved patient & provide comprehensive, evidence-based treatment recommendations to referring primary medical team
2. Provide ongoing follow-up psychiatric med management for patients on the CL service as well as other treatment-oriented services to medically admitted patients, such as crisis medication management, behavioral management recommendations, disposition planning, brief supportive psychotherapy
3. Increase expertise in evaluation of individuals with questionable capacity or altered mental status
4. Liaison with medical services by providing psychoeducation to physicians and other health care providers who refer to our CL service within the Grady system

Location: Grady Memorial Hospital

Support: Grady resident Stipends
Elective: Consultation-Liaison Service - Atlanta VA Medical Center

Years Offered: PGY-2 and PGY-4

Faculty: Walid M. Nassif, MD

Summary: The CL service provides consultation to Medicine, Surgery and ICU patients at the VA Medical Center, and serves as Liaison between the medical floors and the Inpatient Psychiatry unit. While a variety of psychiatric disorders are encountered, there is clear emphasis on delirium, dementia, affective disorders, psychosis and somatizing disorders. The resident will develop skills in thinking through cognitive disorders and somatizing disorders on this rotation, as well as comfort in assessing patients' capacity to make informed decisions.

Due to the moderate volume of consults at the VA, the resident will have time to thoroughly evaluate each case and acquaint themselves with relevant literature. There is a strong emphasis on teaching and the resident will have frequent and in-depth exposure to supervising faculty on the service.

Maximum: 1 resident

Time Commitment: At least 6 half days per week, preferably more

Objectives: Resident will
1. To develop comfort in the assessment and differentiation of cognitive disorders, especially in the medically ill
2. To increase proficiency in determining the elements of capacity to make decisions in the psychiatrically or cognitively impaired
3. To navigate the concepts of somatization and acquire skill in communicating with consultees as well as patients and families about these challenging disorders

Location: VAMC, 1B517

Support: VA Stipends
Elective: Cultural Psychiatry Elective at Grady Memorial Hospital

Years Offered: PGY-4

Faculty: TBD

Summary: This elective experience will take place at the International Medicine Center (IMC) at Grady Memorial Hospital. The purpose of this elective is to improve residents’ cultural understanding and competence through working with limited English proficient (LEP) patients, including refugee/asylee populations and immigrants. This elective will also allow residents to be exposed to an integrated model of service delivery since services are provided within a primary care clinic.

Time Commitment: Two half days for one year, but negotiable.

Clinical Work:

1) Outpatient psychiatric services provided by the resident will include:
   a) Psychiatric evaluations
   b) Pharmacological interventions
   c) Psychotherapeutic interventions – most common modalities used are cognitive behavioral therapy, behavioral activation, psychoeducation and supportive therapy.

2) As part of the integrated model, residents are expected to work along with primary care providers at the IMC in the treatment of LEP patients with both physical and mental health needs.

3) On-site supervision will be provided allowing for patient evaluations/treatment to be done along with attending psychiatrist.

4) Individual supervision will also be provided and will include case discussion as well as didactic material on cultural aspects of patient care.

Objectives:

Patient care:
1) Develop familiarity with the comprehensive evaluation and treatment of outpatient clients with diverse cultural backgrounds in ongoing psychotherapy and medication management.
2) Develop particular sensitivities for psychological issues that are associated with immigration and assimilation.
3) Become competent in the combined use of pharmacological and psychotherapeutic interventions in a diverse population that may have differing facilities with certain types of therapeutic interventions.
4) Develop culturally appropriate uses of rehabilitative modalities in the treatment of chronically ill patients.

Systems Based Practice:
1) Provide mental health services within a primary care clinic and work alongside the primary care providers.
2) Coordinate care for an underserved patient population.
3) Learn how to set up referrals for underserved patient populations.
4) Learning how to develop community connections through psycho-education in populations where mental illness is highly stigmatized.

*Interpersonal and Communication Skills*
1) Understand the differences in providing services to LEP patients.
2) Learn how to communicate with LEP patients through the use of interpreters (both live and through phone).

**Location:** Grady International Clinic

**Language requirements:** Our main patient populations speak Spanish, Nepali, Bengali and Farsi. A resident who speaks any of these languages is preferable but not required. The IMC will provide interpreters as needed.
Elective: Atlanta VAMC; Domiciliary Care for Homeless Veterans (DCHV)

Years Offered: PGY-2, PGY-4 (elective experience can be offered starting January, 2014)

Faculty: Karen Hochman, MD, MPH

Summary: The Domiciliary is a structured, time-limited residential rehabilitative and clinical care program for eligible homeless Veterans who have a wide range of problems, illnesses or rehabilitative care needs which may include mental health needs, substance use disorders, medical problems, and a variety of vocational, educational and social challenges. The program provides a strong emphasis on psychosocial rehabilitation and recovery services that instill personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living.

The resident will work as part of an interdisciplinary treatment team. The learning experience will be tailored to the level of training and specific interests/educational needs of the resident, and can include clinical, leadership, outcomes research and administrative activities.

Maximum: 1 resident

Time commitment: For PGY-2; up to 8 half days/week. For PGY-4; up to 6 half days per week.

Supervision: To be scheduled with the faculty

Objectives: Can be individualized

Location: VAMC (Fort McPherson Campus)

Support: VA Stipends
Elective: General Psychiatry Practice Elective

Years Offered: PGY-4

Faculty: Toby Goldsmith, MD and Tamara Weiss, MD

Summary: Many Emory residents will choose to enter individual or group private practice after graduation. This elective offers an opportunity to work in a setting most like a private practice and to learn how to manage it.

Clinicians in the General Psychiatry Practice see a combination of outpatients receiving medication management only, therapy only, and integrated treatment. Residents will develop a new panel of patients in concert with each attending. They will participate in triaging these patients – selecting which ones to treat and which to refer out to community psychiatrists. And they will identify an appropriate treatment plan for each, including emergency hospitalization when necessary. Faculty will provide direct supervision of each patient. Residents will also receive an hour of supervision each half-day. They will be expected to participate in a monthly journal club on subjects of their own interest.

Maximum: 2 residents

Time commitment: In general, 1 to 2 half-days/week for one year, although this can be negotiated.

Objectives:

1. To learn how to triage your practice – that is, how to select the most appropriate patients for the services you can provide, recognize potentially emergent and/or difficult patients and maintain a balance that avoids clinical burn-out.
2. To learn how to identify good psychotherapy patients and what form(s) of therapy will be helpful.
3. To practice sharing joint treatment of patients with psychotherapists in the community.
4. To understand the importance of professional support networks and ongoing supervision/consultation after graduation.
5. To learn how to manage billing and insurance issues for your practice and understand the productivity standards established in academic psychiatry and private practices.

Location: Executive Park 12

Support: Emory Stipends
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<tr>
<th>Elective:</th>
<th>Family Therapy Elective</th>
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<tbody>
<tr>
<td>Years:</td>
<td>PGY-2 and/or PGY-4</td>
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<tr>
<td>Faculty:</td>
<td>Nadine Kaslow, PhD and Marianne Celano, PhD</td>
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<tr>
<td>Summary:</td>
<td>This elective will include couples and/or family therapy at Grady Health System, participation in the Family Evaluation Clinic, and attendance at the live supervision family therapy seminar (Mondays from 4:30 – 6:30pm).</td>
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<tr>
<td>Maximum:</td>
<td>3 residents</td>
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<td>Time commitment:</td>
<td>4-12 hours per week – must be combined with another elective</td>
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<td>Objectives:</td>
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<tr>
<td></td>
<td>• Gain familiarity with couples and family therapy assessment and intervention approaches</td>
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<td>• Develop comfort with engaging couples and families in assessments and intervention</td>
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<td>Location:</td>
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<td>Support:</td>
<td>Grady Stipends</td>
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Elective: Faculty Staff Assistance Program

Years Offered: PGY-4

Faculty: Paula G. Gomes, PsyD, Director

Summary: The Faculty Staff Assistance Program (FSAP) at Emory University offers services to promote individual and organizational health and wellness for all staff, including faculty and healthcare professionals. The program is responsible for the approximately 21,000 employees of Emory University and Emory Healthcare, and their immediate family members. The Program has three major components: Behavioral Mental Health Services, Health Promotion and Wellness, and Organizational Dynamics.

The Behavioral Mental Health Services offers comprehensive assessments, brief counseling, case management, and assistance with obtaining appropriate referrals with external clinicians. Services are available to help with a variety of concerns, such as problems in personal and/or work relationships; grief issues; alcohol and drug abuse; financial pressures; depression; work performance; effective communication; stress management; and crisis intervention. Other services include leadership consultation; training and education; career counseling; conflict mediation and resolution; fitness-for-duty evaluations; and return-to-work conferences. Services are available to individuals, groups, couples, and immediate family members.

The Health Promotion and Wellness services include health risk appraisals, freedom from smoking sessions, health fairs, and WorkLife resources. Organizational Dynamics is a systematic process designed to promote organizational health. The FSAP provides organizational assessments, change management, executive coaching, and intervention services to enhance departmental communication, work relationships and overall effectiveness. These programs address the human and emotional impact of change and transition. Process consultation services are custom designed following an assessment of need.

Maximum: 1 resident

Time commitment: Minimum of a half-day per week for twelve, six, or four months.

Objectives: The resident will demonstrate the following knowledge and skills:

A. Employee Assistance Program Structure and Process
   1. Describe the objectives, responsibilities, authority, and limitations of the psychiatric consultant in an employee assistance program setting. Discuss the way these vary in different situations.
   2. Describe the way the relationship with an employee assistance referral may differ from another clinical patient.
   3. Discuss what factors influence the initiation, process, and outcome of an employee assistance referral.
   4. Describe different types of psychiatric consultations in a faculty staff assistance program. Discuss the different interested parties (employer, employee, physician) and the concept of dual agency.
B. Biopsychosocial Dimensions of Employee Assistance Program evaluations
   1. Describe the influence of biological, psychological, and social variables on the predisposition, onset, course, and outcome of common faculty and staff illnesses.
   2. Describe factors that influence an employer’s responses to an employee’s illness. Discuss the way these responses affect health outcomes.
   3. Describe the basic components of a fitness-for-duty evaluation. Discuss the forensic psychiatric issues related to these evaluations.

C. Clinical Syndromes
   1. Describe the signs and symptoms, differential diagnosis, and course of those psychiatric and behavioral conditions that are most commonly encountered in an employee assistance setting.

Clinical Experience: The resident will primarily be responsible for conducting psychiatric assessments, limited psychiatric follow-up, fitness-for-duty evaluations, and return-to-work evaluations with the Behavioral Mental Health Services component under the supervision of the Psychiatric Consultant. The resident will be responsible for participating as a member of the FSAP team of clinicians. This will include participation in case conference, consultation with other mental health providers, and coordination of care. An interested resident will also be provided opportunities to participate in Education and Outreach and Organizational Dynamics Services as the opportunities arise. The resident will be on service for a minimum of a half day per week for twelve, six, or four months. The rotation will provide an opportunity for an interested, advanced resident to learn about psychiatric, forensic, and organizational issues that emerge at a large university and healthcare environment.

The resident will be supervised at least one hour every other week by the Psychiatric Consultant, at the Faculty Staff Assistance Program.

For additional information, please see the website at www.emory.edu/fsap.

Location: Emory Wellness Center (Clifton Road)

Support: FSAP funding
Elective: Forensic Psychiatry

Years Offered: PGY-2 and/or PGY-4

Faculty: Peter Ash, MD

Summary: A variety of forensic experiences available, depending on the time and interest of the resident, including inpatient and outpatient evaluation of criminal defendants and participation in civil cases. Must be available for mandatory Tuesday morning criminal forensic experience and Friday morning didactic meetings 9:30-11:45. Also recommended that residents be available Thursdays for inpatient forensic experience and Thursday afternoon for City Jail experience.

Maximum: 2 residents

Time commitment: For PGY2 and PGY4, up to 8 half-days per week. PGY-4’s contemplating applying for forensic fellowships should seriously consider taking elective in July.

Objectives:
1. Learn the forensic approach to a case and common forensic tests
2. Conduct forensic evaluations for the courts, including testifying if called

Location: Based at Grady, utilizes other sites (GA Regional, Atlanta City Jail, Fulton County Jail)

Support: Grady Stipends
Elective: Grady Trauma Project

Years Offered: PGY-2 and/or PGY-4

Faculty: Tanja Jovanovic, PhD and Bekh Bradley, PhD

Summary: We are looking for residents, interns, post-doctoral fellows or psychology practicum students to be members of our trauma clinic and research team. We will provide opportunities for:
- Leading Group Psychotherapy
- Conducting Individual Psychotherapy
- Supervision in an approach to treatment integrating elements of supportive, cognitive-behavioral and psychodynamic approaches
- Involvement in a number of ongoing research projects related to civilian PTSD

Ongoing Group Therapy: This group is an ongoing group integrating psychoeducation, cognitive-behavioral and supportive therapy for women with a history of traumatic experiences. Though many of the women in the group have PTSD, some have other symptoms (depression, relationship problems) related to past traumatic experiences. In the group women may talk about some of their past traumatic events. However, the primary goal of the group is to increase coping skills for managing and reducing PTSD and related symptoms. The group is a rolling group which means that women may start attending after they complete in intake with the trauma clinic. Time: 10:30-11:45 on Fridays.

Individual Psychotherapy: As we have staff (residents, interns, practicum students) available we provide individual psychotherapy for patients with symptoms related to traumatic experiences. Time: Individual therapy appointments are scheduled according the availability of the therapist and patient.

Intake Evaluation: Patients referred to the trauma clinic meet with one of our team members for an initial evaluation. The purpose of the evaluation is to determine if the treatment we provide matches those of the patient. Time: 9:00–10:00 on Fridays.

Research Projects: Our current project aims to determine the relative contribution of genetic and trauma-related factors to risk for PTSD following trauma in an inner-city, predominately African American population recruited from the general medical clinics at Grady. We are examining the contribution of monoamine, neurotrophic, and HPA axis-related genetic polymorphisms to the presence of PTSD in this population that has experienced high levels of trauma. We are also examining a number of hypotheses related to the effects of trauma, PTSD, and depression on medical illness and physiological measures of stress and health.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week. Attendance at Friday team meeting preferred.

Objectives:
1. Develop skills in clinical research, and targeted to the resident’s interest, combining clinical research with genetic studies and/or physiometric measures of psychological and physical health.

2. Develop skills in evaluating and treating patients with a history of trauma and PTSD.

3. Gain experience in the pharmacologic and psychotherapeutic treatment of PTSD, integrating elements of supportive, cognitive-behavioral and psychodynamic approaches.

**Location:** Faculty Office Building and General Clinical Research Centers at Grady Memorial Hospital

**Support:** Grady Stipendss
Elective: Geriatric Psychiatry and ECT Elective

Years Offered: PGY-2 and/or PGY-4

Faculty: Adriana Hermida, MD and William McDonald, MD

Summary: Residents will participate in the outpatient geriatric clinic and ECT service. The outpatient geriatric clinic includes comprehensive initial evaluation and follow up of geriatric patients with major depression, bipolar disorder, dementia and delirium.

The resident will spend two days in the Fuqua Center outpatient clinic including one full day managing their outpatient clinic, one half day involved in telemedicine referrals from sites in rural Georgia and one half day evaluating and treating patients in nursing homes and assisted living facilities in the metro Atlanta area. Senior clinicians will be onsite for direct supervision of all patient encounters.

Under the supervision of faculty, the resident will spend two half days a week on the ECT service and will evaluate and treat patients referred to the Emory ECT service.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week.

Objectives:

1. The resident will develop skills in evaluating and treating patients with late-life mood disorders and cognitive disorders. This rotation is particularly suited for residents considering a fellowship in geriatric psychiatry.

2. The resident will learn how to evaluate a patient for ECT and will become familiar with the administration of ECT. By the end of the rotation the resident will be able to do an independent evaluation of a patient referred for ECT and administer an ECT treatment.

Location: Wesley Woods

Support: Wesley Woods Stipend
Elective: Geriatric Psychiatry VA Outpatient Elective

Years Offered: PGY-2

Faculty: Ishrat Khan, MD

Summary: Residents will rotate with outpatient geriatric mental health services at the Atlanta VA medical center. The geriatric psychiatry team provides evaluation and treatment of veterans with a wide spectrum of mental health issues, including those with significant affective and cognitive syndromes. The team works in close concert with primary care services and neuropsychology services in order to provide coordinated care for elderly veterans.

Residents will spend three half-days in the mental health clinic evaluating patients and providing clinical care. In addition, the resident will spend one half-day in the Bronze geriatric medicine clinic treating geriatric patients under the supervision of geriatric internist. One half-day will be spent at the VA nursing home attending teaching rounds and clinical team conferences. Residents will also spend two half-days with the neuropsychology service learning about testing used in the evaluation of elderly patients with cognitive disorders. During the remaining time, residents will participate in didactic activities with both mental health and geriatric medicine/nursing home teams. Direct supervision will be available on-site for all patient encounters.

Maximum: 1 resident

Time commitment: Up to 8 half-days/weeks (PGY-2)

Objectives:

1. The residents will develop skills in evaluating patients with late-life mood disorders, anxiety disorders, and cognitive disorders.
2. The residents will learn about the multi-disciplinary nature of delivering geriatric care and gain exposure to the practice of geriatric psychiatry. It should be of particular value for those residents considering a fellowship in geriatric psychiatry.

Location: Atlanta VA hospital (Residents may attend some additional didactic activities at Wesley Woods Campus)

Support: VAMC resident Stipendss
Elective: Good Samaritan Health Center (Integrated primary care and behavior health clinic for un-housed and low-income clients)

Years Offered: PGY-4

Faculty: Elizabeth (Lisa) Boswell, MD (currently volunteers at Good Sam one half day per month for Homeless Clinic and one half day per month for general clinic).

Summary: Homelessness is a complex problem involving economic, social, and mental health issues. In a 2013 study conducted by the Pathways Community Network Institute, more than 6600 men, women, and children were found to be homeless in Atlanta. The Good Samaritan Health Center’s primary care and behavior health clinic for un-housed clients is providing comprehensive primary care and behavioral health assessments in a compassionate and efficient environment. Residents will assist in psychiatric assessment, diagnosis, and treatment plans. Medications are provided onsite. When not actively engaged in care for the un-housed, residents will provide behavioral health assessments and treatment to low income clients at risk for homelessness.

Maximum: 1 resident

Time Commitment: One half day per week (must include Homeless Clinic which occurs on the fourth Friday of each month from 8:00am-12:30pm).

Objectives:

1. Residents will develop clinical proficiency in the use of screening tools and rapid assessments of psychiatric patients who are homeless.
2. Residents will gain practice in working across disciplines including primary care, nursing, social work, and licensed professional counselors, and in developing liaisons with shelters and homeless advocacy organizations.
3. Residents will participate in academic journal group discussions around issues pertaining to homelessness.

Location: Good Samaritan Health Center
(1015 Donald Lee Hollowell Parkway, Atlanta, GA 30316).

Support: Good Samaritan Health Center will contribute proportionately to Stipends
Elective: Grady Psych ER Elective

Years Offered: PGY-4

Faculty: Patrick Amar, MD

Summary: Clinical Experience: The resident will directly supervise the PGY-1 in his/her cases. The PGY 4 will provide direct feedback to the PGY 1 on interview technique, the suicide assessment, diagnosis and treatment planning. The PGY 4 will also have cases directly presented to him or her.

Maximum: 1 resident

Time commitment: Up to 6 half-days per week

Objectives:

1. To have PGY 4 resident function the role of a clinical junior attending.
2. To expand the PGY 4 resident’s clinical and supervisory skill set

Location: Grady ECC

Support: Grady Stipends
Elective:            Grady Nia Project

Years Offered:      PGY-2 and/or PGY-4

Faculty:            Nadine Kaslow, PhD

Summary:            Residents may elect to work on the Grady Nia Project, a clinical research project for abused and suicidal African American women. Responsibilities may include attendance at week team meeting, providing medication management, co-leading weekly support and/or manualized intervention groups, recruitment and conducting assessments, preparing manuscripts for publication based on research findings, and learning to prepare grant applications.

Maximum:            2 residents

Time commitment:    4-12 hrs/wk (Must be combined with other elective)

Objectives:
- Develop competence in culturally sensitive assessments with abused and suicidal African American women
- Develop competence in culturally informed with abused and suicidal African American women
- Engage in research (e.g., data analysis, manuscript preparation) and publication process focused on abused, suicidal women

Location:            Grady

Support:            Grady Stipends
Elective: HIV/AIDS Mental Health/Substance Abuse Elective

Years Offered: PGY-4

Faculty: Sanjay Sharma, MD (elective coordinator and contact faculty), Neil Whicker, MD and Gene Farber, PhD

Summary: The Infectious Disease Program (IDP) is an integrated, multi-specialty, multidisciplinary, outpatient clinic serving individuals infected with HIV/AIDS. An important component of the IDP, the Mental Health/Substance Abuse Treatment Services (MH/SATS) Program provides comprehensive mental health and substance abuse services to IDP patients, including evaluation, consultation, and treatment services.

Resident responsibilities will include conducting clinical intakes, following patients for medication management and psychotherapy, providing crisis intervention, and working in consultation with other IDP providers and clinicians. A goal of this elective is to allow the resident to function increasingly as an independent physician, with eventual full outpatient care responsibilities, including initial evaluation/assessment, treatment planning and implementation, regular follow-up appointments, patient education, and crisis management. The resident will also gain invaluable experience in working collaboratively with other clinicians and providers in a multidisciplinary care setting.

The resident will also participate in the multidisciplinary rounds. The required participation in clinical rounds/conferences will complement the clinical work.

Maximum: 2 (per 6 month elective duration period)

Time commitment: 4 half-days per week (minimum), one half-day of which will include Wednesday afternoons to attend staff meeting and treatment team rounds; weekly supervision with attending will occur as part of this elective. Duration - minimum of 6 months.

Objectives:

1. Conducting routine, urgent, and emergency comprehensive diagnostic assessments and treatment planning in HIV-infected individuals.
2. Providing psychotherapy, psychoeducation, and medication management to HIV-infected individuals.
3. Collaborating and consulting with other disciplines to address client mental health/substance abuse concerns.

Location: Infectious Disease Program, Grady Health System, 341 Ponce de Leon Avenue

Support: Grady Stipends
Elective: Mood and Anxiety Disorders Program: Clinical Trials Elective

Years Offered: PGY-4

Faculty: Boadie W. Dunlop, MD

Summary: Residents opting to do an elective with the Mood and Anxiety Disorders Program (MAP) will be trained in the structure, conduct and skills used in the conduct of clinical trials of medications and psychotherapy for the treatment of major depression and anxiety disorders, including industry-sponsored phase II, III and IV clinical trials. The resident will learn how to conduct and interpret the Hamilton Depression Rating Scale (HAMD); Hamilton Anxiety Rating Scale (HAMA); Montgomery Asberg Depression Rating Scale (MADRS) and the Structured Interview for DSM-IV (SCID). Through participation in this elective, residents will learn how to better interpret the literature on clinical trials, and what the findings from clinical trials mean in terms of clinical practice.

Maximum: 2 residents

Time: 15-20 hours/week. Must be combined with other elective.

Objectives:

1. Understand how the “evidence” of evidenced-based medicine is derived. This knowledge will help the resident read the literature on clinical treatment studies with greater understanding and critical assessment abilities.

2. Acquire facility with psychiatric research instruments used to diagnose disorders (e.g. SCID, MINI) and measure illness severity and improvement (HAMD, MADRS, QIDS, HAMA, etc.). Excellent preparation for Board certification exams.

3. Gain greater understanding of the current theories of the pathophysiology of major depression and anxiety disorders, and the biology of treatment response.

Activities/Duties:

1. Evaluating newly-presenting patients who are presenting for consideration for participation in a clinical trial.

2. Performing assessments of illness severity in enrolled patients at weekly visits. This will involve becoming a certified rater for certain studies, which may involve expenses-paid travel to attend clinical trial initiation meetings.

3. Discussing research findings of the MAP program and important findings from the psychiatric literature with the program director. If the resident desires, work towards a publication in a psychiatric journal will be supported and mentored.

Location: Executive Park 12

Support: Emory Stipends
Elective: PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)

Years Offered: PGY-2, PGY-3 (residents based at Grady), and PGY-4

Faculty: Robert Cotes, MD

Summary: Clozapine is the only antipsychotic medication that is indicated by the Food and Drug Administration for treatment resistant schizophrenia (TRS). Although clozapine may cause considerable improvement for some individuals with TRS, as many as 40-70% fail to respond (or are only partially responsive) to treatment. The mission of the PSTAR Clinic at 10 Park Place is to 1) enhance patient and community access to clozapine, 2) systematically characterize treatment resistant symptoms using validated assessment tools, 3) provide evidence based patient care using findings from the psychiatric literature, and 4) to investigate promising pharmacologic and psychosocial treatments for individuals experiencing persistent symptoms of schizophrenia. Clinic is held Tuesday and Thursday afternoon. Residents also have the opportunity of participating in ongoing clinical trials looking at clozapine augmentation.

Maximum: 2 residents

Time commitment: PGY2: Either the “short” or “long” elective; PGY-3: 1 half day per week for those residents based at Grady; PGY4: Negotiable based on one’s clinical and research interests

Objectives:

1. To develop clinical proficiency in the outpatient use of clozapine. Residents will acquire an understanding the logistical steps needed to initiate and continue clozapine, how to educate patients appropriately about the risks and benefits of clozapine, and how to manage commonly encountered side effects of clozapine.

2. To conduct a comprehensive evaluation for an individual with persistent symptoms of psychosis and make recommendations as a consultant for other psychiatrists in the community.

3. To acquire knowledge about the literature on clozapine and treatment resistant schizophrenia.

Location: 10 Park Place

Support: Grady Stipends
<table>
<thead>
<tr>
<th><strong>Elective:</strong></th>
<th>Senior Resident Psychopharmacology Elective</th>
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<tbody>
<tr>
<td><strong>Years Offered:</strong></td>
<td>PGY-4</td>
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<tr>
<td><strong>Faculty:</strong></td>
<td>Jeffrey Rakofsky, MD</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Fourth year residents will have the opportunity to extend their training and experience in psychopharmacology by participation in a Senior Resident Psychopharmacology elective. This elective can be taken for any number of hours during the fourth year. The elective will be directed by Jeff Rakofsky, MD who will also provide weekly group supervision for residents participating in this elective. Additionally, residents will be encouraged to choose another psychopharmacology attending to provide one-on-one supervision for their caseload (a list of potential providers will be provided).</td>
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<tr>
<td><strong>Maximum:</strong></td>
<td>No limit</td>
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<tr>
<td><strong>Time commitment:</strong></td>
<td>Flexible</td>
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<tr>
<td><strong>Objectives:</strong></td>
<td>Can be individualized</td>
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<tr>
<td><strong>Location:</strong></td>
<td>Executive Park 12</td>
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<tr>
<td><strong>Support:</strong></td>
<td>Emory Stipends</td>
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Elective: Schizophrenia Research at VAMC

Years Offered: PGY-2 and/or PGY-4

Faculty: Erica Duncan, MD

Summary: Ongoing projects in the Duncan lab afford several opportunities for residents to participate in human subjects research. The residents can work closely with Dr. Duncan to develop an individualized plan for research in accord with their interests and skills. They will interact with postdoctoral fellows, junior faculty, and experienced research staff in the lab as well as working closely with Dr. Duncan. Below are brief descriptions of the areas of ongoing research that are available for resident participation.

1. *Toxoplasma gondii* and schizophrenia

In a large VA funded project we are studying the immune perturbations that may underlie the well-replicated finding of increased odds of schizophrenia in people who are chronically infected with the ubiquitous parasite, *Toxoplasma gondii*.

*T. gondii* is neuroinvasive, and the majority of people infected are expected to harbor *T. gondii* cysts in their brains for life. *T. gondii* is kept in check by an ongoing immune response in which the cytokine interferon gamma (IFNγ) plays a critical role. IFNγ prevents *T. gondii* replication by depletion of the amino acid tryptophan (Trp) that *T. gondii* must derive from the host. IFNγ achieves local Trp depletion by shunting Trp degradation along the kynurenine (KYN) pathway through an enzyme-controlled series of steps into KYN and kynurenic acid (KYNA). KYNA in turn is an antagonist at two neurotransmitter receptors that are believed to play a key role in SCZ: the N-methyl-D-aspartate (NMDA) subtype of glutamate receptor and the alpha7 nicotinic acetylcholine (a7nACh) receptor. Thus there is a plausible mechanism by which TOXO could cause neurochemical abnormalities leading to SCZ, but the preferential activation of the KYN pathway has not yet been demonstrated in SCZ patients with known *T. gondii* infection. Furthermore, a growing literature indicates that there are elevated levels of KYNA in the brains of SCZ patients, although the *T. gondii* status of these patients has not been investigated. TOXO evolved to induce subtle behavioral dysfunction causing infected rodents to have reduced fear of cats and psychomotor slowing. In SCZ patients who are *T. gondii* positive our pilot data indicate slowing of neural processing as indexed by prolongation of latency of the acoustic startle response, and impairment on cognitive testing.

This project will investigate the hypothesis that chronic *T. gondii* infection in SCZ leads to immune mediated activation of the KYN pathway, and that this pathway activation is associated with slowing of neural processing and cognitive deficits seen in *T. gondii* positive SCZ. We will assess SCZ patients and healthy controls in our VA cohort for *T. gondii* immunoglobulin G antibody (IgG) antibody titers and plasma levels of KYN metabolites and IFNγ. We will examine the relationship of these neuroimmune biomarkers and acoustic startle responses, P50 gating, and cognitive function test scores by comparing four groups of 38 subjects per group: 1) *T. gondii* -positive SCZ, 2) *T. gondii* -negative SCZ, 3) *T. gondii* -positive controls, 4) *T. gondii* -negative controls.
2. Aerobic exercise for cognition in schizophrenia
There is a large literature indicating that cognition in SCZ has the potential to be enhanced by behavioral interventions. Aerobic exercise (AE) is known to confer many physical health benefits. AE is associated with cognitive gains in healthy aging subjects, and these gains correlate with hippocampal volume increases, that in turn correlate with increased BDNF and cardiovascular fitness. AE in rats increases BDNF mRNA, and this occurs prominently in the hippocampus. Taken together, these preclinical and clinical studies are consistent with the hypothesis that AE, via increases in fitness, induce BDNF increases that lead to brain changes, particularly (but not necessarily limited to) the hippocampus that subserve cognitive gains with AE. There are parallels between the reduced hippocampal volume in SCZ and the hippocampal volume loss seen with normal aging. It is possible that a similar mechanism may underlie potential cognitive gains with AE in SCZ.

AE is a potentially important means to improve cognition in SCZ, but work on cognitive effects of AE in SCZ is surprisingly sparse. Our VA-funded study will be a randomized rater blind parallel group clinical trial to compare twelve weeks of AE training with a control condition (CONT) consisting of stretching exercises in 40 participants aged 18-70 with SCZ or schizoaffective disorder.

3. Metabolic effects of antipsychotics
A final area of investigation is the metabolic risk associated with atypical antipsychotics. Retrospective studies in this area utilize the computerized clinical database of the VA system in the Southeast (VISN 7). Techniques have been developed to perform retrospective computerized studies using this very rich and detailed database resource. A wide range of additional clinical questions can be addressed using this VA database.

**Maximum:** 1 resident

**Time commitment:** For PGY-2, up to 8 half days/week. For PGY-4, up to 6 half-days per week.

**Objectives:** Can be individualized

**Location:** VA

**Support:** VA Stipends
Elective: Safety, Trauma, and Recovery – StaR (PTSD/Substance Abuse treatment program)

Years Offered: PGY-2, PGY-4

Faculty: Danzhao Wang, MD and Natasha Johnson, PhD

Summary: Substance abuse, Trauma and Recovery (STaR) is an exciting program that was developed to treat veterans with substance use disorders who are also struggling with trauma issues, such as posttraumatic stress disorder. The resident would have an opportunity to:

- Observe as well as participate in group therapy twice a week (based on the manual "Seeking Safety" developed by Dr. Lisa Najavits)
- Evaluate and follow longitudinally dual-diagnosis patients through the program, providing medication management and/or individual psychotherapy
- Observe and participate in multidisciplinary treatment team meetings, where patients are interviewed and treatment planning is coordinated

Maximum: 1 resident

Time commitment: For PGY-2, up to 8 half days/week. For PGY-4, up to 6 half days per week.

Group experience (resident may attend some or all of the groups):
- Monday: AM and PM
- Tuesday: AM
- Thursday: AM and PM

Evaluations/Individual sessions – the following time slots are available:
- Tuesday PM, Wednesday PM, Friday AM and PM

Supervision: To be scheduled with the faculty

Objectives: At the end of this rotation, the resident will be able to:
1. Conduct a psychiatric interview, with particular attention to symptomatology and presentation pertinent to dual-diagnosis patients
2. Understand the basic principles of psychotherapy for patients struggling with the sequelae of trauma
3. Co-lead group therapy sessions targeting safety and recovery skills
4. Demonstrate knowledge of psychopharmacology for dual-diagnosis patients
5. Competently prescribe psychotropic medications to dual-diagnosis patients
6. Assist in multidisciplinary treatment planning meetings

Location: VA

Support: VA Stipends
Elective:  Sleep Medicine Elective

Years Offered:  PGY-2 or PGY-4

Faculty:  Lynn Marie Trotti, MD

Maximum:  1 resident

Objectives:
1. To perform comprehensive evaluations of sleep patients (insomnia, hypersomnia, etc), generate a differential diagnosis, and order appropriate testing
2. To develop management plans for patients with common sleep disorders (sleep apnea, restless legs syndrome, narcolepsy, psychophysiological insomnia)
3. To understand the appropriate use of CPAP and how an effective CPAP pressure is selected
4. To identify stages of sleep, respiratory events (central apnea, obstructive apnea, hypopnea), and periodic limb movements on PSG
5. To be aware of technical issues of performing CPAP titration and MSLT studies

Requirements:
1. Present a case and journal club at a Monday am conference
2. Observe one CPAP night
   a. Hookup, mask fit, CPAP troubleshooting
3. Observe one full nap during an MSLT
   a. Watch EEG in real time with tech
4. If rotating during spring semester, attend freshman seminar in sleep (when feasible with schedule)
5. Attendance at own specialty grand rounds

Location:  Executive Park 12

Support:  Emory Stipends
### Typical Sleep Medicine Schedule:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>AM: Conference</td>
<td>Am: 7:30-9:30: Pulm GR Trotti clinic</td>
<td>AM: VA clinic 12:00 VA case conference</td>
<td>AM: Collop clinic PM: 1:00-3:00: lectures PSG reading</td>
<td>AM: 8:00-9:00 Neuro Grand Rounds Reading period</td>
</tr>
<tr>
<td>Pretest</td>
<td>PM: Rye clinic</td>
<td>PM: VA clinic</td>
<td>PM: AASM guide to PSG</td>
<td>PM: Sheri Katz clinic</td>
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<tr>
<td>Schulman clinic</td>
<td>12:00 Med GR PM: PSG reading</td>
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Elective: Student Health Clinic (Emory University)

Years Offered: PGY-4

Faculty: Robert Elliott, MD

Summary: Supervision is provided by the 2 attending psychiatrists in clinic. This elective is for medication management, crisis intervention, and diagnostic evaluations.

This elective is meant to:
1. Provide an opportunity to mimic a private office setting for a resident, so as to initially evaluate and treat longer-term outpatients.
2. This setting will obviously provide a strength in treating young adults (most aged 18yo-30yo) which allows the resident to have many opportunities of being the very first mental health practitioner to see a client and do a diagnostic work-up. Because of the setting and patients, there are many opportunities to see first break episodes of schizophrenia, mania, OCD, and panic disorder. Depression, substance abuse, and anxiety disorders are the most common diagnoses.
3. Learn to deal in a formalized manner with outside agencies as related to patient’s health issues. This includes dealing with College Dean’s offices or doing outreach/education on campus as needed.

Maximum: 2 residents

Time commitment: Available in 6 or 12 month blocks
Available from 4 hours (1/2 day) per week up to 6 half-days per week.

Objectives: Can be individualized

Location: 1525 Clifton Rd

Support: Independent funding from Student Health
Elective: Time-Limited Dynamic Psychotherapy

Years Offered: PGY-4

Faculty: Eugene Farber, PhD, ABPP

Summary: The Time-Limited Dynamic Psychotherapy (TLDP) elective offers PGY-4 residents the opportunity to gain experience with an evidence-based dynamically oriented brief psychotherapy approach. TLDP is grounded in contemporary interpersonal and relational psychodynamic theory, though schema concepts from cognitive psychology also are readily integrated into the approach. The elective experience includes following a single training case for weekly psychotherapy using the TLDP method and participating in a 90-minute weekly didactic training seminar and supervision group. The focus of the didactic/supervision group is on learning TLDP theory, research, principles, and methods for case formulation and intervention.

Maximum: 2 residents

Time commitment: 2 1/2 hours per week (includes 1 hour of clinical time and 90 minutes for didactic/supervision group)

Objectives:
1. Residents will advance their skills in use of evidence-based brief psychotherapy methods.
2. Residents will enhance their proficiency in developing theoretically anchored psychotherapy case formulations and goals.
3. Residents will learn specific methods for using the psychotherapy relationship to facilitate the change process within a time-limited framework.

Location: Outpatient Psychotherapy Training Program (clinical) and Grady Ponce de Leon Center (didactic/supervision seminar)

Support: Emory/Grady resident Stipends
Elective: Medical Toxicology Elective

Years Offered: PGY-2 and/or PGY-4

Faculty: Brent Morgan, MD and Stella Wong, DO

Goals/Objectives: Please access document on the departmental website.

REQUIREMENTS:

PRIOR TO THE ROTATION:
1) Complete CHOA EPIC training (see document called choa_training)
2) Send an email to Dr. Brent Morgan (bmorg02@emory.edu, so he can add you to our listserv for rounds

Be present during daily rounds, lectures, clinic and journal clubs.
Perform phone call follow-ups on in-house cases (not seen at bedside) and also 5 outside cases per day
For emergency medicine residents, take at least 4 days of call (Monday through Friday) during the rotation. For pediatric emergency medicine fellows, take 3 calls during the rotation.
Evaluate at least 1 clinic patient and help prepare a report under the supervision of the toxicology fellow assigned to the patient.
Present at least 1 article during Tuesday Journal Clubs for the month.
Prepare and present a 20-minute PowerPoint™ presentation on a detailed toxicology topic of your choice (towards the end of the rotation).
Complete all self-learn case studies by the end of rotation

CALL SCHEDULE
Please contact the clerkship director (Dr. Stella Wong) prior to or at the start of your rotation to decide the days that you will be on-call.
You will be first call for a 24-hour period for at least 4 days during your rotation for patients at Grady, Emory Midtown (Crawford Long), Emory University Hospital, Egleston Hospital and Hughes Spalding.
Your PIC number is published in the on-call schedule of SimonWeb under “Emergency Medicine/Medical Toxicology”
You are responsible for making the SPIs aware (write your PIC on the board at the PCC).
Post your PIC in the BLUE & RED zone at Grady Hospital.
You can be paged from the hospitals directly by medical staff, or
You can be paged by the SPI after a call comes in through the Georgia Poison Center.
Your task is to obtain information, come up with a differential diagnosis and a preliminary plan and then present it to your Toxicologist (“backup” - fellow or attending taking 1st call on the call schedule).
If you don’t know who is backing you up, call the Georgia Poison Center).
In time sensitive cases, please call your backup IMMEDIATELY.
You may be required to see the patient at bedside. If this is the case, let your backup know. He/she can decide to meet you at the patient’s bedside.

DAILY ROUTINE
Weekdays other than Tuesdays or Wednesdays
Present to Poison Center at 8:00 AM
Obtain a list of in-house patients by asking the charge SPI
Print out the case(s), obtain laboratory results and do some preliminary reading about each topic.
Round with fellow and attending (time will be announced by attending or fellow usually the day before)
During Rounds you are expected to see the patient and participate in writing the History & Physical portion of the consult sheet. After rounds come back to poison center and document the case under POISON CALL TRACKING SYSTEM**. Please ensure you attend the clerkship teaching lectures and toxicology conference. Pick at least 5 active cases from POISON CALL TRACKING SYSTEM (can be patients from our hospital systems or other parts of Georgia) and perform follow-up and discussion. Do not offer any recommendations until you discuss those cases with the fellows or an attending. You are responsible to see bedside consults at Grady Hospital until 3:00 pm daily.

**Tuesdays**

Emory ER Residents: Please attend EM conference, Steiner Building (8:00 - 1:00 PM). Tuesday afternoon session starts immediately after conference at the Georgia Poison Center. We will usually have lecture(s), case discussions and/or journal club. Please be prepared by asking the fellow or attending at least 1-day prior*.

**Wednesdays**

Rounds need to be completed before 9 AM. Toxicology Clinic runs from 9:00 - 12:00 PM. You will be expected to see patients alongside the Toxicology fellows. You will be expected to help prepare a written report of the case with the fellow. After clinic, please resume daily schedule as outlined above.

**Thursdays**

Case Conference. Present at least two cases on Thursday conference. The cases can be cases that you see on rounds or cases that you do phone follow-ups (cases from outside hospitals).

**LECTURES (2 to 3 times a week in addition to Tuesday tox conference and Thursday case conference)**

There are some basic lectures that you will get during your rotation. *(If not, please bring this to the attention of any faculty member)*

**Core Topics (lectures):**

1) General Approach to the Poisoned/Toxicologic patient toxidromes, withdrawal syndromes, basic antidotes, GI decontamination (1st day of rotation)
2) Analgesics (APAP, ASA, NSAIDs)
3) Cardiac drugs (CCB, BB, and Dig)
4) Alcohols (Ethanol, ethylene glycol, methanol, isopropyl alcohol)
5) Antipsychotics including NMS and SS
6) Lithium, TCAs and a brief discussion on other antidepressants
7) Drugs of Abuse including cocaine and hallucinogens
8) Hypoglycemics

**REQUIRED SELF-LEARN case studies from Agency for Toxic Substances & Disease Registry (ATSDR).**

1) Cholinesterase Inhibitors Including Insecticides and Chemical Warfare Nerve Agents case study.
   http://www.atsdr.cdc.gov/csem/cholinesterase/cover_page.html
2) Nitrate/Nitrite Toxicity (methemoglobinemia)
3) Arsenic

4) Lead
http://www.atsdr.cdc.gov/csem/lead/pbcover_page2.html

**Reading Materials**
1) Anesthetics
2) Anticoagulants
3) Anticonvulsants
4) Antiparkinsonism drugs
5) Bronchodilators
6) Hazardous materials/inhaled toxins (phosgene, chlorine, ammonia, cyanide, carbon monoxide, hydrogen sulfide)
7) Hormones/Steroids
8) Isoniazid
9) Marine Toxins
10) Sedatives/Hypnotics
11) Strychnine
12) Antihypertensives
13) Hydrocarbons
14) ED management of radiation injuries
15) Mushrooms/Poisonous plants
16) Snake Envenomations
17) Caustics

Note: if the above topics are not in one of journal articles (CD) that are given to you, please use any of the toxicology textbooks at the poison center to read up on the topics.

**RESOURCES***
You can use any of the textbooks at the Georgia Poison Center
You can access Micromedex from home
[HYPERLINK "http://www.micromedex.com" www.micromedex.com]
Subscriber Login
Login: gradypcc
Password: pcc020401
The POISON CENTER TRACKING DATABASE
Login: gmr
Password: gmr

**END OF MONTH REQUIREMENTS***
20-minute PowerPoint presentation about a topic of your choice.
Usually toward the end of the clerkship/rotation
Rotation/clerkship evaluation
Have taken at least 4 days of call
Presented at least one journal article during weekly Journal Club.
Presented at least 2 cases at the Thursday Case Conference.

QUESTIONS OR CONCERNS PLEASE CALL OR PAGE US AT ANY TIME.

Clerkship Director
Stella Wong, DO: Cell (267) 879-2618;
eMail stella.wong@emoryhealthcare.org

** SPI - Specialist in Poison Information
** Backup – Toxicologist taking 1st call for the day.
Elective: Trauma Recovery Program

Years Offered: PGY-2 and/or PGY-4

Faculty: Bekh Bradley, PhD and Kelly Skelton, MD, PhD

Summary: Residents will participate in the outpatient Trauma Recovery Program (TRP) at the Atlanta VA Medical Center. This clinic provides comprehensive initial evaluation and treatment of patients with Post Traumatic Stress Disorder (PTSD). Specific subgroups of the TRP focus on the treatment of combat veterans of the Vietnam and Persian Gulf War eras, combat veterans of the OEF/OIF War (Afghanistan/Iraq), and female veterans who experienced sexual assault while on active duty.

The resident will spend 4 to 6 half-days per week working within the TRP. They will perform intake evaluations on veterans referred to the program, will participate in team meetings to create individualized treatment plans, will provide specialized psychopharmacologic management for patients with PTSD, will learn and have the opportunity to provide both individual and group psychotherapy for the treatment of PTSD.

The resident will meet with Dr. Bradley and/or Dr. Skelton, as well as other team clinical staff weekly for supervision.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week.

Objectives:

1. The resident will develop skills in evaluating and treating patients with PTSD.
2. The resident will learn specifics of pharmacologic treatment for PTSD.
3. The resident will learn about specific psychotherapeutic modalities (exposure based psychotherapy, cognitive processing therapy, virtual reality, etc) in both individual and group settings and have the opportunity to gain experience with providing these treatments to patients.

Location: Atlanta VAMC

Support: VA Stipends
Elective: Treatment Resistant Schizophrenia/ Clozaril Clinic

Years Offered: PGY-2, PGY-3 (residents based at Grady), PGY-4

Faculty: Robert Cotes, MD

Summary: Clozapine is the only antipsychotic medication that is indicated by the Food and Drug Administration for treatment resistant schizophrenia (TRS). Although clozapine may cause considerable improvement for some individuals with TRS, as many as 40-70% fail to respond (or are only partially responsive) to treatment. The mission of the Treatment Resistant Schizophrenia Clinic 10 Park Place is to 1) enhance patient and community access to clozapine, 2) systematically characterize treatment resistant symptoms using validated assessment tools, 3) provide evidence based patient care using findings from the psychiatric literature, and 4) to investigate promising pharmacologic and psychosocial treatments.

Maximum: 4 residents

Time commitment:

- PGY2, can be either half or full time 1 month elective
- PGY-3, 2 half days per week for those residents based at Grady
- PGY4, up to 4 half days per week. Negotiable based on one’s research interest.

Goals:

1. Residents will develop clinical proficiency in the outpatient use of clozapine. Residents acquire an understanding the logistical steps needed to prescribe clozapine, how to educate patients appropriately about the risks and benefits of clozapine, and how to manage commonly encountered side effects of clozapine.

2. To conduct a comprehensive evaluation of persons with treatment resistant schizophrenia and make recommendations as a consultant for other psychiatrists in the community.

3. To acquire knowledge about the literature on clozapine and treatment resistant schizophrenia. There is a monthly journal club to support this goal.

Location: 10 Park Place

Support: Grady Stipends
Elective: Outpatient Perinatal Psychiatry and Psychotherapy

Years Offered: PGY-4

Faculty: Toby Goldsmith, MD

Training Sites
- Emory Women’s Mental Health Program Clinic (Executive Park, Building 12
Resident clinics are currently available Tuesday and Thursday afternoons from 1-5 pm

Learning Objectives
- Identify common presentations of psychiatric illness in pregnancy and the
  postpartum and the risks posed by these illnesses
- Further develop a phenomenological approach to understanding women’s
  experiences of pregnancy and early motherhood, both among women struggling
  with moderate-severe psychiatric illness and those undergoing a more typical
  transition
- Skillfully use time-limited and open-ended psychotherapy as a treatment for
  peripartum psychiatric illness
- Develop confidence in seeing patients in a more time limited sessions similar to
  what may occur in one’s practice after leaving residency.
- Acquire a comprehensive knowledge of reproductive safety profiles for
  psychotropic medications and apply this knowledge to decision-making in
  common perinatal encounters: a) preconception planning; b) early pregnancy
  following unplanned conception; c) mid- to late-pregnancy in anticipation of
  delivery; d) postpartum
- Integrate knowledge of psychopharmacologic, psychotherapeutic, and
  psychosocial interventions to develop a treatment plan that accounts for safety
  considerations and patient preference and balances the well-being of mother
  and baby

Training Experience
- Mentored Clinical Service
  - A clinic will be established for you within the WMHP Clinic. Patients
    assigned to your clinic are your patients, and you manage their care
    (with supervision) for an entire year. Your clinic will be structured in 4-5
    hour half-day blocks. You are required to participate in at least ONE
    half-day block for the entirety of the year. The full year is required to
    ensure sufficient longitudinal follow-up enabling you to manage
    patients across an entire pregnancy.
  - All patients will be women. The majority of patients will present with a
    psychiatric concern related to conception planning, a current
    pregnancy, or postpartum symptoms (within 6 months of delivery). In
    addition, women with other concerns may be seen including issues of
    menopause, premenstrual dysphoria, gynecologic cancers may be seen.
  - New Patient Visits – Two hours are allotted for each new patient visit.
    At these visits, you will: 1) review the patient’s intake information with
a WMHP attending to identify pertinent issues to explore during your interview; 2) conduct a psychiatric diagnostic interview including aspects unique to the context of perinatal care, 3) discuss your evaluation and treatment plan with a WMHP attending; and 4) meet with the patient and attending to finalize your treatment plan.

- **Follow-Up Visits** – 30-45 minutes are allotted for each returning patient visit. At these visits, you will: 1) evaluate the patient, 2) discuss your evaluation and treatment plan with a WMHP attending; and 3) meet with the patient and attending to finalize your treatment plan.

- **Psychotherapy Cases** – As part of your clinical service, you may treat at least one patient in ongoing psychodynamic psychotherapy (weekly or bi-weekly) and two patients in a time-limited modality (e.g. dynamic interpersonal psychotherapy).

- **Guided Readings** - Each week, you will be assigned 2-3 weekly readings within a range of topic areas relevant to perinatal psychiatry and psychotherapy.

- Journal Club will occur monthly and each resident is expected to choose an article for discussion.

### Didactics and Areas of Focus

- Psychopharmacology in pregnancy and breastfeeding
- Psychiatric illness in the peripartum
- Attachment
- Infertility
- Psychodynamic approach to psychopharmacology
- Phenomenology and psychiatric illness
- Time-limited psychotherapies
- Psychology of pregnancy and motherhood
- Perinatal loss and abortion
- The female body and pregnancy

### Time commitment:

Flexible

### Location:

Executive Park 12

### Support:

Emory Stipends
Elective: VAMC/Fort McPherson- VA Women’s Center of Excellence (W-CoE)

Years Offered: PGY-4

Faculty: Glenda Wrenn, MD, MSHP, Sheril Kalarithara, MD

Summary: Description of Clinical Services

This elective can be arranged for a 1-month or longer clinical experience working at the Women’s Center of Excellence for Specialty Care (W-COE) on Mondays, Wednesday mornings and Thursdays. The W-COE serves as an inter-professional training environment involving trainees in psychiatry, family medicine, preventive medicine, OB/GYN, internal medicine, dermatology, ophthalmology, PA, and NP training programs. The psychiatric clinical service in the W-COE is an assessment and consultation service within the Ft. McPherson Primary Care CBOC serving women veterans only. Residents on the outpatient psychiatry elective participate in the clinic during specified hours, Thursday noon didactic series, and can join ongoing quality improvement activities.

Clinical Population & Experience

The resident is exposed to the broad range of psychopathology typically seen in the veteran population. Diagnoses primarily seen in the W-COE include: PTSD, Military Sexual Trauma, Mood Spectrum Disorders, Substance Use Disorders, Personality Disorders, Anxiety Disorders, and Chronic Pain Disorders. Patients are initially evaluated by the resident as referral from another provider or from patient self-referral. Residents collaborate with PCMH psychologist for psychotherapy referrals and may stabilize patients and return to primary care, or refer to specialty services (TRP, SATP, general MH clinic).

Average and Maximum Case Loads

Residents evaluate between 4 and 6 patients per half day based on referral status (new or follow-up).

Educational Methods

Residents have very close supervision by clinic attendings. Faculty use case examples for clinical teaching and direct observation as primary method for clinical teaching and evaluation. Senior residents are expected to conduct case formulation and present relevant details about diagnosis, clinical making, bio-psycho-social factors and treatment, which are rooted in current standards of care and research. Weekly didactics occur during the noon hour and provide formal instruction in inter-professional team communication, as well as introductory and advanced clinical topics across specialties represented in the clinic.
**Supervision**

On-site faculty supervision is provided during clinic hours. Each resident will meet with Dr. Wrenn for formative and summative assessment feedback sessions to discuss progress and address any concerns during the rotation.

**Maximum:** 1 resident

**Time commitment:**

- PGY-3: 1 half day per week for those residents based at the VA
- PGY4: Negotiable based on one’s clinical and research interests

**Goals**

The goal of this rotation is to provide culturally tailored consultative care to the women veteran population and expose trainees to an inter-professional, integrated practice setting.

**Objectives**

**A. Patient Care**- residents should be able to demonstrate their ability to:

1. Evaluate and manage women veteran patients across a wide range of diagnoses.
2. Organize and summarize findings to generate a differential diagnosis and initial formulation.
3. Perform comprehensive diagnostic examination with flexibility appropriate to the consultative setting.
4. Assess patient safety including suicidal and homicidal ideation.
5. Obtain relevant collateral information from secondary sources.
6. Organize formulation around comprehensive models of phenomenology that take etiology into account.
7. Create a treatment plan that applies an understanding of psychiatric, neurologic, and medical co-morbidities and links treatment to formulation.
8. Appropriately selects evidence-based somatic treatment options (including second and third line agents for patient’s whose symptoms are partially or non-response).  
9. Use various psychotherapeutic approaches including supportive, behavioral and cognitive techniques for initial engagement in care.

**B. Medical Knowledge**- the resident should be able demonstrate the ability to:

1. Demonstrate sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycle that are present in the women veteran population.
2. Demonstrates an understanding of psychotropic selection based on current practice guidelines or treatment algorithms for common psychiatric disorders.
3. Recognizes and describes VA institutional policies and procedures.
4. Display knowledge sufficient to determine the appropriate level of care for patients expressing or who may represent, danger to self and/or others in the veteran population.

C. Systems-based practice - residents are expected to:
   1. Assists primary treatment team in identifying unrecognized clinical care issues.
   2. Coordinate patient access to community and VA-system resources.
   3. Appropriately refers to vocational rehabilitation programs.
   4. Coordinate care with existing care managers.
   5. Work effectively with an interdisciplinary team.

D. Practice Based Learning - residents are expected to:
   1. Selects and appropriate evidence-based information tool (VA practice guidelines, Up to Date, PubMed, etc) to meet self-identified learning goals.
   2. Formulates a searchable question from a clinical question and reviews findings with supervisor,
   3. Give informal didactic to other members of the training team on mental health issues when clinically relevant

E. Professionalism – residents are expected to:
   1. Demonstrate capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
   2. Recognize ethical issues in practice and effectively discuss, analyze, and manage these in common clinical situations.
   3. Displays increasing leadership in and autonomy in taking responsibility for ensuring patients receive the best possible care.
   4. An increased awareness of strengths, limitations, emotional well-being and boundaries, and seek assistance when needed.

F. Interpersonal and Communication skills - residents are expected to:
   1. Develop therapeutic relationships in complicated situations.
   2. Actively participate in team-based care (7:55am morning huddle, didactics)
   4. Welcome feedback from peers and supervisors.
   5. Sustains working relationships in the face of conflict.
   6. Consistent engages patient and their family in shared decision-making.

Location: Fort McPherson CBOC

Support: VA Stipends
Elective: Women’s Mental Health Program Perinatal Clinical Care - Grady

Years Offered: PGY-2 or PGY-4

Faculty: Stephanie Winn, MD

Summary: Training Sites
- Grady Psychiatric-Obstetrical Clinic (GMH Unit 2J) – The Grady Psych-OB Clinic operates on Tuesday and Thursday mornings from 9AM – Noon.

Learning Objectives
- To acquire a comprehensive knowledge of psychotropic reproductive safety profiles.
- To understand the risks associated with maternal mental illness.
- To apply this knowledge to decision-making in common perinatal encounters: a) preconception planning; b) early pregnancy following unplanned conception; c) mid- to late-pregnancy in anticipation of delivery; and d) postpartum.
- To be able to read the literature with a critical eye able to identify the strengths and weaknesses in reports of perinatal psychiatric research studies.

Training Experience - Grady Psychiatric-Obstetrical Clinic
- You will evaluate and treat patients who have been referred by Emory or Morehouse Obstetrics for psychiatric evaluation.
- All patients will be women who are pregnant or recently delivered. There are no preconception visits and limited postpartum follow-up.
- At each patient visit, you will: 1) evaluate the patient, 2) discuss your evaluation and treatment plan with a WMHP attending; and 3) meet with the patient and attending to agree upon a final treatment plan.

Training Schedule
- The minimum commitment is 1 half-day per week.

Time commitment: Flexible

Location: Grady Park Place

Support: Grady Stipends
Elective: Warrior Care Network

Years Offered: PGY-4

Faculty: Boadie Dunlop, MD

Summary: The Warrior Care Network consists of centers of excellence in treating the invisible wounds of war: post-traumatic stress disorder, major depressive disorder, other anxiety disorders, and traumatic brain injury. Working within a team of psychologists, sleep specialists, neurologists and wellness experts, the psychiatric resident will be responsible for the pharmacological management of post-9/11 service members. Residents will receive supervision from Dr. Dunlop or other physicians experienced in treating veterans dealing with the psychiatric sequelae of combat or military service more generally.

Maximum: 2 residents

Time commitment: Two to four half-days/week for one year.

Objectives:

1. To understand and master the delivery of evidence-based psychopharmacological treatments for PTSD, major depression, and traumatic brain injured patients.
2. To experience working within an integrated neurology/psychiatry/psychology team approach to patient care.
3. To understand cutting edge forms of treatment for PTSD, including medication-enhanced psychotherapy.
4. To develop greater understanding of the neuropsychological sequelae of traumatic brain injury and approaches to management.

Location: Executive Park Building 12

Support: Emory Veterans Program funds