

THE JOHNS HOPKINS UNIVERSITY  
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

# Residency Program Prospectus 2009 - 2010

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JOHNS HOPKINS  
M E D I C I N E

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# THE JOHNS HOPKINS UNIVERSITY

## DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Upon visiting the Tuberculosis Division he had founded at the Johns Hopkins Hospital, the philanthropist Henry Phipps asked William Welch, Dean of the Medical Faculty, whether there were any other projects he could sponsor. Welch gave Phipps a copy of Clifford Beers' *A Mind That Found Itself*, and a month later, in June of 1905, the endowment of the Henry Phipps Psychiatric Clinic was publicly announced. Adolf Meyer was invited to develop a Department of Psychiatry at Johns Hopkins, and in April of 1913, the Henry Phipps Psychiatric Clinic was opened. Since then, the department has occupied a distinguished place in the history of psychiatry, with a continuous tradition of excellence in patient care, teaching, and research.

The Residency in Psychiatry and Behavioral Sciences at the Johns Hopkins Hospital is designed to provide a comprehensive and broad-based education in clinical psychiatric diagnosis and treatment. The didactic portion of the curriculum is organized to present the body of knowledge which comprises current thought in psychiatry. The clinical exercises and experiences are organized to provide clinical expertise in evaluation of the entire range of psychiatrically ill patients and competence in psychiatric treatment, using the fundamental modalities of therapy currently available. Recent graduates of our program have felt well prepared for academic psychiatry, private practice psychiatry, or public sector psychiatry and have made outstanding contributions in all these areas following training with us. It is the mission of our program to produce excellent clinicians in all realms of psychiatry who are competent to face the challenges of psychiatry in the contemporary era.

John R. Lipsey, M.D.  
Director for Residency Education

Karen L. Swartz, M.D.  
Associate Director for Residency Education

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# Application Process

Applications for eight PGY-I residency positions are accepted via ERAS (Electronic Residency Application Service).

Five additional residents are chosen at the PGY-II level. These residents apply via individual application forms (sent on request) or via ERAS.

## Resident contracts and policies:

Information about the resident contract, benefits, and the Johns Hopkins Graduate Medical Education Policies for Interns and Residents can be found at the link listed below. These policies also include our policy on criminal background checks. Links to all of the policies listed in the last page of the resident contract are included on the website.

<http://www.hopkinsmedicine.org/som/gme/GMEC/policies/index.html>

The Johns Hopkins University admits students of any race, color, sex, religion, national or ethnic origin, handicap or veteran status to all of the rights, privileges, programs, benefits and activities generally accorded to or made available to students at the University. It does not discriminate on the basis of race, color, sex, religion, homosexuality, national or ethnic origin, handicap or veteran status in any program or activity, including the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. Accordingly, the University does not take into consideration personal factors that are irrelevant to the program involved.

The Residency Program of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine is accredited by the Residency Review Committee for Psychiatry to provide four years of training.

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## Program Overview

*Residency in Psychiatry at the Johns Hopkins University  
Department of Psychiatry and Behavioral Sciences*

The overall goal of the Johns Hopkins Psychiatric Residency is to produce a well-educated, broadly experienced psychiatrist who can prosper in any subsequent career. This goal is approached systematically by combining closely supervised intensive clinical experience in multiple settings with a comprehensive didactic program. These experiences broaden in comprehensiveness over the four years of the residency. The experiences are also aligned with the health-care reform demands of the contemporary era in giving residents clinical responsibilities within an integrated continuum of progressive complexity on the wards and in the clinics. In addition to a didactic lecture series specific to each residency year, an ongoing across-the-years department-wide educational program runs concurrently and consists of weekly meetings of Departmental Grand Rounds, Research Conference and Visiting Lecture Program, Journal Club, Psychodynamic Psychotherapy Conference, and Chairman's Service Rounds. All residents, juniors and seniors, participate in considering principles of psychiatry during these weekly didactic meetings. The more informal interactions of residents and faculty at ward rounds and outpatient meetings facilitate the integration of didactic elements with daily clinical experience. The discourse of the departmental "community" is a vital element of the educational experience of everyone - resident and faculty alike. Its place in resident education can be identified in the specific goals and objectives of each residency year described below.

### Year I of Residency

The goals of the first year of residency are integrative and introductory - specifically to provide a foundation in internal medicine and neurology and also to provide an initiation to the essentials of psychiatric practice through supervised responsibility for assessing and treating a diverse population of psychiatric inpatients on a general psychiatry service.

Thus we expect that by the end of this year, residents will have an initiatory knowledge of:

- internal medicine and neurology
- methods of patient assessment and formulation
- different categories of psychiatric patients and the categorical implications for treatment and prognosis
- the milieu concept of inpatient psychiatric service
- the responsibilities of the other mental health practitioners integrated in team treatment of patients: the nurse, social worker, psychologist, occupational therapist, case manager, addiction counselor, and others
- the several treatment modalities - psychological, pharmacological, physical, and rehabilitative - employed with psychiatric patients

## Year II of Residency

The goals of the second year are to build on the developed specific capacities of the first year and to introduce more advanced goals and knowledge and methods of care. These goals are achieved by objectives close supervision of residents on a variety of inpatient units and also by introducing residents to the vertically integrated continuum of care through closely supervised experiences in specially designed day programs and an office-based outpatient practice. Their broad experiences with patients are amplified by a didactic program of lectures in psychiatric assessment, treatment and research.

We expect by the end of this year that a resident will have acquired:

- a thorough competence in the assessment and formulation of psychiatric disorders along with a clear appreciation of the corroborative methods tied to psychological testing and laboratory measurement
- competence in treating the most seriously mentally ill patients, their frequent complicating medical and surgical problems, and the forensic issues that may affect their treatment
- a comprehensive understanding of the psychological, pharmacological, and physical treatments involved in the care of the seriously mentally ill

## PROGRAM OVERVIEW

- a capacity to assume a leadership role on the treatment team in an inpatient milieu
- experience with targeted behaviorally oriented treatment plans for treatment of such behavioral conditions as eating disorders and addictions
- an introductory knowledge of subspecialty psychiatry gained through experience on specialty services such as geriatric psychiatry, affective disorders (adult and adolescent), neuropsychiatry, schizophrenia, chronic pain, motivated behaviors (including substance abuse), and eating disorders
- an introduction to both time-limited symptom-focused and long-term insight-oriented psychological treatments by delivering psychotherapy, under close supervision, to selected patients followed in an ambulatory setting
- an initiatory experience of the vertical integration of clinical practice incorporating day programs and office outpatient services in the continuum of care

## Year III of Residency

The goal of this year is to enhance the resident's acquired specific goals and objectives competencies in outpatient care by supervised experience in more complex arenas of psychiatric service. A whole variety of new competencies are derived from this emphasis on mastering the problems of psychiatric assessment and treatment in unique domains within the health-care system. The resident continues to treat patients in an office-based practice but through a comprehensive outpatient service, also has closely supervised experience in the assessment and treatment of chronic schizophrenia, affective disorders, anxiety disorders, drug and alcohol disorders, forensic issues, and sexual disorders. Special treatment experiences - psychopharmacology for chronic disorders, couples therapy, and family therapy - are provided under close supervision along with an extended series of psychodynamically oriented lecture demonstrations. A significant exposure to community-based psychiatry is provided, including rehabilitative and outreach services.

Emergency psychiatric consultation both in the emergency department and general hospital inpatient wards enhances the residents' confidence in methods of assessment and develops their capacity to provide crisis management and behavioral stabilization. An HIV psychiatry clinic and emergency consultations for general medical outpatients provide experiences in ambulatory consultation to primary-care

physicians. Such experiences help residents learn how psychiatrists function in a large system of health care.

We expect that by the end of this year a resident will have acquired:

- mastery of skills of psychiatric assessments and treatments in complex outpatient settings
- diagnostic skills in recognizing the psychiatric disorders that complicate medical/surgical conditions and the capacity to provide this information in consultation to primary-care physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp on the theoretical underpinnings and the practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings - in particular affective, anxiety, family, marital, sexual and addictive disorders
- a knowledge of community psychiatry that rests on supervised experience in outpatient community clinics with an outreach program
- a capacity to function as an effective member of a primary-care team in assessing and treating ambulatory medical patients

## Year IV of Residency

The goals of this year are those of completion and depth. The specific goals and objectives resident will add child psychiatry skills and enhance mastery of providing a continuum of care by rotating in an intensive outpatient program. Additionally, residents rotate to advanced specialty areas including Huntington's Disease, Geriatric and Neuropsychiatry, and Community Psychiatry clinics. The resident, through a freely chosen elective, develops advanced experience in a psychiatric subspecialty - a 'field of concentration' with one or more of the faculty members to demonstrate how advancing knowledge accrues through research and close study. Finally, an appreciation of psychiatric administration is provided to residents through a weekly meeting with the Chairman of the Department where discussions review the rationales behind past and present responses of the department to the demands of health care reform, managed care and hospital/medical school needs.

We expect that by the end of this year the resident will:

- acquire the skills of child and family assessment and gain an appreciation of the specialty of child and adolescent psychiatry
- have an understanding of the changing health-care environment and of the competencies necessary for success in clinical practice and in other professional leadership roles
- acquire confidence in office psychiatric practice and long-term psychotherapy given an experience with some patients extending out for years
- have an advanced understanding of a subspecialty of psychiatry through close mentoring from a faculty member in an elective
- have an appreciation of the rational approaches to administrative decisions within a system of psychiatric services in the contemporary challenging era for health care

**Our residency program is organized according to these general and specific goals. Amplifications and modifications have occurred over time in response to the growth of knowledge in psychiatry. Our ultimate goals are to open the field of psychiatry to our residents and to help them become both broad-minded and critical thinkers.**

## Research Opportunities

The Department of Psychiatry and Behavioral Sciences has extensive clinical and basic science research programs that provide multiple opportunities for elective rotations. Our department ranks #3 among all Johns Hopkins departments in federally-funded research, with only the departments of Medicine and Oncology receiving more research funding.

Areas of emphasis in clinical research include: psychiatric genetics, geriatric and neuropsychiatry, psychiatric epidemiology, neuroimaging, psychopharmacology, outcomes research, neuropsychology, behavioral medicine, eating disorders, chronic pain, and substance abuse. Basic research programs focus on neurobiology, behavioral neuroscience, behavioral biology, genetics, substance abuse and molecular psychiatry. Residents may select from our diverse faculty to initiate research projects at any time during their residency training.



Section

# 2

## Clinical Curriculum

### The First Post Graduate Year

We offer a first postgraduate year in Psychiatry for eight individuals applying through the National Resident Matching Program. The internship year consists of six months in the Department of Medicine, four months in the Department of Psychiatry, and two months in the Department of Neurology. There is one month of vacation, one month with no call during an outpatient rotation, and no call during the 6-week neurology inpatient rotation.

The Johns Hopkins  
Bayview Medical  
Center

The Department of Psychiatry at Bayview is directed by Constantine Lyketos, M.D., M.H.S., and is an important component of the Johns Hopkins program in Psychiatry and Behavioral Sciences. Dr. Margaret Chisolm is the director of the internship year. The Department has special interests in the areas of drug and alcohol abuse and community psychiatry. The psychiatric inpatient unit is a 20-bed open ward, which admits approximately 900 voluntary patients each year from all socioeconomic groups and diagnostic categories. Two interns are assigned to the unit, and each cares for ten patients under the direct supervision of an attending psychiatrist. Each intern spends 12 to 14 weeks on the inpatient service and six to eight weeks working in the Outpatient Psychiatry Programs.

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<b>WEEKLY SCHEDULE</b>		
for PGY-I residents on Psychiatry Inpatient Service at Bayview		
<b>M O N D A Y</b>	8:30am to 11:00am 11:00am to 12:30pm 12:30pm to 1:30pm 1:30pm to 5pm	Multidisciplinary Team Rounds JHH Grand Rounds (videoconference) Individual Psychotherapy Supervision Patient Care
<b>T U E S D A Y</b>	8:30am to 12pm	Multidisciplinary Team Rounds

CLINICAL CURRICULUM

	12pm to 1pm 10:30am to 5pm	Psychopharmacology Seminar Series Patient Care
W E D N E S D A Y	8:30am to 10:30am 10:30am to 12pm 12pm to 1pm 1pm to 5pm	Multidisciplinary Team Rounds Patient Care Service Rounds with Dr. Lyketsos Patient Care
T H U R S D A Y	8:30am to 10:30am 12pm to 1pm 1pm to 2pm 2pm to 5pm	Multidisciplinary Team Rounds Intern Support Group Teaching Rounds with Program Directors Patient Care
F R I D A Y	8:30am to 10:30am 12pm to 1pm 1pm to 5pm	Multidisciplinary Team Rounds Psychopathology & Diagnosis Seminar Patient Care
S A T U R D A Y S U N D A Y	no clinical responsibilities on weekends	
C A L L	<ul style="list-style-type: none"> <li>• seven weekday calls per 28 days covering the inpatient unit, and inpatient consultations for other specialties (no emergency room call); all weekends off</li> </ul>	

The Department of Medicine at Bayview is directed by David Hellman, M.D. The department maintains an acute medical service, including coronary care and intensive care units, and has special interests in cardiopulmonary physiology, renal physiology, health care delivery systems, geriatric medicine and occupational medicine. A full-time attending physician makes daily rounds with the interns and assistant residents assigned to his/her team. Each intern has an average caseload of six to seven patients. Interns and their assigned residents take call as a team.

W E E K L Y S C H E D U L E  
for PGY-I residents on Medicine at Bayview

M O N D A Y	8am to 8:30am 8:30am to 9am 9am to 11am 12pm to 1pm 1pm to 6pm	Patient Care/Pre-Rounds Didactic Session with the Attendings Walk Rounds with the Attending Medicine Housestaff Seminar Patient Care
T U E S D A Y	8am to 8:30am 8:30am to 9am 9am to 11am 12pm to 1pm	Patient Care/Pre-Rounds Didactic Session with the Attendings Walk Rounds with the Attending Medicine Housestaff Seminar

CLINICAL CURRICULUM

	1pm to 6pm	Patient Care
W E D N E S D A Y	8am to 8:30am 8:30am to 9am 9am to 11am 12pm to 1pm 2:30pm to 3pm 3pm to 6pm	Patient Care/Pre-Rounds Didactic Session with the Attendings Walk Rounds with the Attending Medicine Housestaff Seminar Chief Rounds with Dr. Hellman Patient Care
T H U R S D A Y	8am to 8:30am 8:30am to 9am 9am to 11am 12pm to 1pm 1pm to 6pm	Patient Care/Pre-Rounds Didactic Session with the Attendings Walk Rounds with the Attending Residents' Lunch Patient Care
F R I D A Y	8am to 9:30am 9:30am to 11am 12pm to 1pm 1pm to 6pm	Morning Report with Dr. Hellman, Chairman Walk Rounds with the Attending Medicine Housestaff Seminar Patient Care
S A T U R D A Y S U N D A Y	8:30am to 10:30am	Walk Rounds
C A L L		<ul style="list-style-type: none"> <li>• Medicine Wards: every fourth night</li> <li>• CCU: every fourth night (four week rotation)</li> <li>• MICU: every third night (two week rotation)</li> </ul>

The Department of Neurology is directed by Richard O'Brien, M.D., Ph.D. The unit is staffed by neurology residents from the Johns Hopkins Neurology program and senior residents from the Medicine program at Bayview. The Department of Neurology has special interests in the areas of neuropsychology, seizure disorders, strokes, and movement disorders, though patients with a wide variety of acute and chronic diseases of the nervous system are admitted. The ward usually cares for 15 neurologic inpatients, so that each of the three house officers on the unit has responsibility for approximately five patients under the supervision of the neurology chief resident and a full-time attending neurologist. In addition, there is an outpatient care rotation to the Neurology Clinics. PGY-1 residents rotate in the following neurology clinics: stroke, movement disorders, seizures, dementia, headache, and sleep disorders. The neurology outpatient experience is under the continuous supervision of one of the JHBMC attending neurologists.

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**WEEKLY SCHEDULE**  
for PGY-I residents on Neurology at Bayview

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M O N D A Y	7:30am to 8am	Teaching Rounds with the Chief Resident
	8am to 10am	Walk Rounds
	12pm to 1pm	Neurology Conference
	1pm to 5pm	Patient Care
T U E S D A Y	7:30am to 8am	Teaching Rounds with the Chief Resident
	8am to 10am	Walk Rounds
	12pm to 1pm	Neurology Conference
	1pm to 5pm	Neurology Outpatient Clinic
W E D N E S D A Y	7:30am to 8am	Teaching Rounds with the Chief Resident
	8am to 10am	Walk Rounds
	12pm to 1pm	Neurology Conference
	1pm to 5pm	Patient Care
T H U R S D A Y	7:30am to 8am	Teaching Rounds with the Chief Resident
	8am to 10am	Walk Rounds
	10am to 12pm	Neurology Grand Rounds at Johns Hopkins
	12pm to 1pm	Neurology Conference
	1pm to 5pm	Patient Care
F R I D A Y	7:30am to 8am	Teaching Rounds with the Chief Resident
	8am to 10am	Walk Rounds
	12pm to 1:30pm	Neurology Conference and Residents' Lunch
	1:30pm to 5pm	Patient Care
S A T U R D A Y	8am to 10am	Walk Rounds for On-call and Post-call teams only
S U N D A Y		
C A L L	• no call during Neurology rotations	

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## The Second Post Graduate Year

In this year, clinical experience is gained on the inpatient units of the Henry Phipps Psychiatric Service of the Johns Hopkins Hospital. Five new house officers who have completed at least a first postgraduate year are accepted into the program at this level, making a total of 13 PGY-II residents.

The Henry Phipps  
Psychiatric Service

The Psychiatric Inpatient Service has 88 beds distributed through five autonomous units. As well as providing care for general psychiatric disorders, each unit has

developed a focused interest in a special area, with coordinated inpatient and outpatient components. Examples of such specialty programs are the Schizophrenia Service, led by Dr. Russell Margolis, the Adult Affective Disorders Service, led by Dr. Karen Swartz, the Young Adult & Adolescent Affective Disorders Service, directed by Dr. Elizabeth Kastelic, the Eating Disorders Unit, led by Dr. Angela Guarda, the Psychogeriatric Service, directed by Dr. Peter Rabins, the Motivated Behaviors Unit, led by Dr. Jeffrey Hsu, the Neuropsychiatry and Memory Unit, directed by Dr. Adam Rosenblatt, the Intensive Treatment Unit (a detoxification unit) directed by Dr. Francis Mondimore, and the Chronic Pain Center, led by Dr. Michael Clark. Rotations through the various units provide exposure to all standard modalities of treatment, including psychotherapeutic, pharmacological, electroconvulsive and behavioral therapies.

Each service has full-time attending psychiatrists ultimately responsible for patient care, though in every case the resident is expected to be the primary physician for his/her seven to eight patients. The attending psychiatrists have daily rounds with the residents and other staff as well as individual supervision of residents every afternoon, and may assist house officers and unit personnel in providing individual, family and group psychotherapies. Additionally, all residents receive formal training in electroconvulsive therapy.

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**W E E K L Y   S C H E D U L E**  
for PGY-II residents on the Phipps Inpatient Service

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M O N D A Y	8am to 10am	Ward Rounds with the Attending Physician
	10am to 11am	Patient Care
	11am to 12:30pm	Grand Rounds
	12:30pm to 1pm	Residents' Lunch
	1pm to 5pm	Patient Care & Afternoon Supervision
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T U E S D A Y	8am to 10am	Ward Rounds with the Attending Physician
	10am to 12pm	Patient Care
	12pm to 1pm	Research Conference
	1pm to 5pm	Patient Care & Afternoon Supervision
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W E D N E S D A Y	8am to 10am	Ward Rounds with the Attending Physician
	10am to 12pm	Patient Care
	12pm to 1pm	PGY-II Seminar Series
	1pm to 5pm	Patient Care & Afternoon Supervision
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T H U R S D A Y	8am to 10am	Ward Rounds with the Attending Physician
	10am to 12pm	Patient Care
	12pm to 1pm	Introductory Psychotherapy Seminar
	1pm to 5pm	Patient Care & Afternoon Supervision
	5pm to 6pm	Journal Club

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FRIDAY	8am to 10am 10am to 12pm 1pm to 5pm	Ward Rounds with the Attending Physician Chairman's Service Rounds Patient Care & Afternoon Supervision
SATURDAY SUNDAY	no clinical responsibilities on weekends unless on call	
CALL	<ul style="list-style-type: none"> <li>approximately every 13th night (covering the inpatient services and consultations)</li> </ul>	

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## The Third Post Graduate Year

The third postgraduate year has three components: the Outpatient Department, the Consultation-Liaison service and the Psychiatry Emergency Service.

The Consultation-Liaison service is directed by Karin Neufeld, M.D. The Psychiatric Consultation-Liaison Service is located in the Osler Building of the Johns Hopkins Hospital in the midst of the institution's medical and surgical wards. The service provides an educational experience in consultation-liaison psychiatry and psychiatric disorders of the medically ill. Additionally, liaison activity with other departments' faculty and housestaff is a key component of this experience.

Approximately 700 consultations with medically and surgically ill inpatients and outpatients are seen each year. Consultations are supervised by a full-time member of the Service's faculty. The resident and attending psychiatrist continue to follow most patients so evaluated and provide brief psychotherapy and recommend pharmacotherapy where indicated. Supervision and teaching are focused on helping the resident develop the attitudes, knowledge and skills needed to be able to provide expert psychiatric consultation to non-psychiatric physicians for their medically and surgically ill patients who have coexisting psychiatric disorders.

During their rotation on the Psychiatric Consultation-Liaison Service, residents see patients with several Consultation-Liaison teams: a general Medical-Surgical Consultation-Liaison team, a Forensic Psychiatry team, a Chronic Pain Consultation-Liaison team, and an AIDS/HIV Consultation-Liaison Team. The Medical-Surgical Consultation-Liaison team answers consultation requests from the general medical and surgical wards and outpatient clinics of the hospital. The AIDS/HIV team sees patients hospitalized with HIV-related disorders. The major focus of clinical teaching occurs in daily attending rounds. Attending psychiatrists round daily with the Consultation-Liaison teams. Residents present patients, who are then examined and discussed by the attending.

Each Thursday morning, there is a seminar focusing on issues of Consultation-Liaison Psychiatry which provides a coherent didactic experience for all PGY-III residents.

The Psychiatry  
Emergency Service

The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Patrick Triplett, M.D. There are approximately 2,800 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by two PGY-III residents, each of whom does a 12-hour shift five days per week. PGY-III residents rotate on this service for two months. On weekends, the other PGY-III residents and PGY-IV residents cover the Psychiatric Emergency Service, also in 12-hour shifts; weekend coverage averages approximately one shift every five to six weeks. Supervision and rounds with the director occur in twice-daily rounds where patients seen in the preceding hours are reviewed. In addition, the Meyer 3 nursing service provides a senior psychiatric nurse as a member of the treatment team in the Emergency Department who provides direct psychiatric nursing care and a direct link to Meyer 3, which receives the majority of inpatient referrals from the Emergency Department. There are also two full-time (and one half-time) social workers to provide psychosocial evaluation and crisis therapy where indicated. Psychiatry residents work collaboratively with Emergency Department attendings, residents, and staff.

In the latter part of the second postgraduate year, prior to any Psychiatry Emergency Service call or rotation, seminars are conducted by Dr. Triplett on topics relevant to the assessment, treatment and diagnosis of emergency psychiatric patients.

The residents doing psychiatric emergency work also cover the Intensive Treatment Unit after regular hours, providing occasional psychiatric and medical intervention for patients undergoing opiate, cocaine, and alcohol detoxification.

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W E E K L Y   S C H E D U L E  
for PGY-III residents on the Consultation-Liaison Service

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M O N D A Y	8:30am to 11am 11am to 12:30pm 12:30pm to 1pm 1pm to 2:30 pm 2:30pm to 5pm	Patient Care Grand Rounds Residents' Lunch Patient Care Consultation-Liaison Attending Rounds
T U E S D A Y	8:30am to 11am 12pm to 1pm 1pm to 5pm	Patient Care Research Conference Consultation-Liaison Attending Rounds
W E D N E S D A Y	8:30am to 12pm 12pm to 1pm	Patient Care PGY-III Seminar Series

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CLINICAL CURRICULUM

	1pm to 2:30pm 2:30pm to 5pm	Patient Care Consultation-Liaison Attending Rounds
THURSDAY	8am to 9am 9am to 12pm 12pm to 1pm  1pm to 2:30pm 2:30pm to 5pm 5pm to 6pm	Consultation-Liaison Psychiatry Seminar Patient Care Psychodynamic Psychotherapy Conference Patient Care Consultation-Liaison Attending Rounds Journal Club
FRIDAY	8:30am to 10am 10am to 12pm 12pm to 2:30pm 2:30pm to 5pm	Patient Care Chairman's Service Rounds Patient Care Consultation-Liaison Attending Rounds
SATURDAY SUNDAY	No in hospital clinical responsibilities; weekend coverage of the emergency consultation triage pager from home twice per month. Consultations are performed by the on-call PGY-II resident.	
CALL	• one 12 hour shift in the JHH ER every five to six weeks	

The Outpatient  
Department

The first eight months of the twelve-month Outpatient Department rotation occurs in the PGY-III year. Residents rotate to a wide variety of general and specialty clinics. The Outpatient Department is organized into community clinics that provide general care to adults and specialty clinics that focus on the diagnosis and treatment of distinct problem areas. Each clinic is staffed by faculty members with particular expertise in their fields. During this eight-month rotation, residents have two hours per week with assigned outpatient supervisors, in addition to individual supervision provided by the clinic faculty. During their PGY-III rotations in the Outpatient Department, residents participate in the following activities:

**COMMUNITY PSYCHIATRY PROGRAM**

This program, directed by Bernadette Cullen, M.D., offers a range of ambulatory services, from a community mental health center-oriented outpatient clinic (CPP), to an intensive outpatient program (IOP), to a mobile treatment/Assertive Community Treatment team (COSTAR). The program also offers Case Management and Homeless Outreach services. Each component of the community psychiatry program represents a different level of care, with IOP often providing a step-down level from inpatient services and CPP providing routine clinical appointments. COSTAR operates on a 24/7 basis to provide at-home and in the community services to those with the most serious and persistent mental illnesses. Residents rotate for a half-day per week in the CPP, supervised by Dr. Cullen, and for two half-days per week at COSTAR, supervised by Dr. Susan Bailey. At CPP,

residents work as part of a team with non-physician therapists, and at COSTAR they work with a team of case managers, social workers, nurses, addiction experts, vocational specialists, and peer-support counselors.

### **FAMILY AND COUPLES THERAPY CLINIC**

This clinic, directed by Stuart Tiegel M.S.W., offers treatment to couples and families. The clinic meets weekly, and has as its educational goals the instruction of residents in family development issues and training in short-term strategic family therapy techniques. Each resident treats a couple or family, with supervision provided in a combined seminar and one-way mirror format, as well as by liberal use of videotaped illustrations from successfully treated cases.

### **AFFECTIVE DISORDERS CLINIC**

This clinic is headed by Karen L. Swartz, M.D. and focuses on patients with affective disorders, particularly bipolar illness. Research opportunities are available, linking clinical phenomena with molecular genetics and brain-imaging methods. Drs. DePaulo, Jamison, Mondimore, Potash, and Swartz lead a weekly reading seminar reviewing the classic literature of affective disorders and their treatment. There is a weekly specialty clinic run by Dr. Jennifer Payne in which residents evaluate and follow patients with depression and bipolar disorder.

### **ANXIETY CLINIC**

This clinic, directed by O. Joseph Bienvenu, M.D. and Lisa Wuyek, Ph.D., evaluates patients who suffer primarily from anxiety disorders such as panic disorder, phobias, obsessive-compulsive disorder, and generalized anxiety disorder. Residents participate in evaluations and subsequent treatment of patients. Weekly seminars, case conferences, and training in Cognitive-Behavioral Therapy are integral to the clinic. Dr. Wuyek also provides ongoing supervision for Cognitive-Behavioral Therapy for residents no longer on this rotation.

### **SCHIZOPHRENIA CLINIC**

This clinic, directed by Nicola Cascella, M.D., has as its focus the systematic evaluation and treatment of patients with the schizophrenic spectrum of illnesses. Residents spend one hour per week in a seminar reviewing classic and current literature on schizophrenia, and the clinic involves evaluating new referrals and consultations and providing follow-up care for established patients with schizophrenia.

### **SEXUAL BEHAVIORS CONSULTATION UNIT**

This clinic is directed by Frederick Berlin, M.D., Ph.D. Consultation and evaluation are offered for a broad range of sexual problems including arousal

disorders, premature ejaculation, sexual aversion, or lack of sexual satisfaction; the marital and family difficulties related to sexual dissatisfaction or incompatibilities; the sexual confusions of adolescence; gender and sexual identity disorders of childhood, adolescence, or adult life; and paraphilias. Services are also offered to those individuals whose sexual dysfunction is related to organic illness, but for whom maximal functioning is inhibited by psychological factors (for example, in post-myocardial infarct anxiety). General psychiatric patients with sexual dysfunctions are also evaluated and treated. Residents participate one half-day per week in the evaluation of patients, treat selected cases (under supervision), and attend weekly seminars and case conference.

### **HIV PSYCHIATRY/MOORE CLINIC**

This clinic meets weekly for the evaluation and treatment of patients with HIV and psychiatric comorbidity. Led by Glenn Treisman, M.D., Ph.D. and Andrew Angelino, M.D., this clinic works collaboratively with the Division of Infectious Disease to treat patients with psychiatric disorders that complicate HIV infection or predisposed patients to HIV infection.

### **FORENSIC PSYCHIATRY PROGRAM**

This six-week experience is supervised by Jeffrey S. Janofsky, M.D. Residents participate in twice-a-week teaching conferences at the Circuit Court for Baltimore City. They also evaluate defendants for competency and criminal responsibility and persons referred for evaluation of civil forensic issues. Residents also have the opportunity to visit Perkins Hospital Center, Maryland's maximum security hospital, and to observe forensic psychiatry practice in Court and other institutional settings. PGY-III residents also receive eight formal lectures in Psychiatry and Law and seven lectures in Ethics and Psychiatry to complement their clinical experience.

### **PSYCHODYNAMIC PSYCHOTHERAPY SUPERVISION**

During this 1 hour session on Wednesday, each resident engages in a fifty- minute supervision session with a psychodynamically-oriented supervisor. The resident presents either process notes or audio or video tapes of a case in longitudinal care.

### **PSYCHODYNAMIC PSYCHOTHERAPY CASE CONFERENCE**

During this weekly conference, one of the residents presents detailed process notes from an ongoing case in which psychodynamic psychotherapy is being employed. The psychoanalytic supervisors leading the discussion focus on the topics of defense mechanisms, transference and countertransference, resistance, and interpretation.

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**WEEKLY SCHEDULE**  
for PGY-III residents in the Outpatient Department

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M O N D A Y	10am to 11am 11am to 12:30pm 12:30pm to 1pm 1pm to 5pm	Outpatient Department Seminar Grand Rounds Residents' Lunch Residents' Outpatient Continuity Clinic
T U E S D A Y	8:30am to 11pm 11am to 12pm 12pm to 1pm 1pm to 5pm	Residents' Outpatient Continuity Clinic Schizophrenia Seminar Research Conference Anxiety Disorders Clinic
W E D N E S D A Y	9am to 11am  12pm to 1pm 1pm to 2pm 2pm to 3pm  3pm to 4pm  4pm to 5pm	Community Psychiatry Clinic (or Forensics) PGY-III Seminar Series Residents' Outpatient Continuity Clinic Psychodynamic Psychotherapy Supervision Psychodynamic and Brief Psychotherapy Seminar Psychodynamic Theory Seminar
T H U R S D A Y	8am to 9am 9am to 12pm 12pm to 1pm  1pm to 2pm 2pm to 3pm 3pm to 4pm 5pm to 6pm	Consultation-Liaison Psychiatry Seminar Strategic Family and Couples Therapy Psychodynamic Psychotherapy Case Conference Affective Disorders Seminar Affective Disorders Clinic Affective Disorders Teaching Rounds Journal Club
F R I D A Y	8am to 10am  10am to 12pm 12:15pm to 1pm  1pm to 4pm 4pm to 5pm	Residents' Outpatient Continuity Clinic (or Forensics) Chairman's Service Rounds Sexual Behaviors Consultation Unit (SBCU) Seminar SBCU Clinic SCBU Case Conference
S A T U R D A Y S U N D A Y	no clinical responsibilities on weekends unless working in the ER	
C A L L	• one 12 hour shift in the JHH ER every five to six weeks	

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## The Fourth Post Graduate Year

PGY-IV residents spend four months in the Outpatient Department and two months with the Division of Child and Adolescent Psychiatry. The remaining six months of the last year is elective.

The Outpatient  
Department

During the four months in the Outpatient Department, PGY-IV residents rotate to the Intensive Outpatient Program of the Community Psychiatry Program three mornings per week, rotate through two specialty clinics with a neuropsychiatric focus, Huntington's Disease and Neuropsychiatry/Geriatric Psychiatry Clinic. Additionally, each resident selects another specialty clinic of interest to them and attends it one half-day per week. During this four-month rotation, in addition to ongoing weekly outpatient supervision, residents also receive individual supervision from faculty in the specialty clinics. The details of these clinics are outlined below.

### **INTENSIVE OUTPATIENT PROGRAM**

This clinic, directed by Bernadette Cullen, M.D., provides intensive, three-time per week follow up for patients in the Community Psychiatry Program who have recently been discharged from our inpatient services or have a worsening clinical course which is likely to fail treatment in traditional outpatient settings. Group treatment is a focus of this program.

### **HUNTINGTON'S CLINIC**

This clinic, directed by Adam Rosenblatt, M.D. and Christopher Ross, M.D., Ph.D., meets weekly for the evaluation and treatment of patients with Huntington's Disease. The clinic is a central part of the extensive treatment services Johns Hopkins offers to patients and families afflicted with Huntington's Disease. Clinical evaluation, including a systematic neurological evaluation, psychiatric treatment, and genetic testing and counseling are the major responsibilities of the residents in this clinic, with direct supervision by attending faculty.

### **NEUROPSYCHIATRY AND GERIATRIC PSYCHIATRY CLINIC**

This clinic, directed by Peter Rabins, M.D., M.P.H. and Susan Lehmann, M.D., meets weekly for the evaluation and treatment of patients with neuropsychiatric disorders, including dementias, other cognitive disorders, traumatic brain injury, stroke, and Parkinson's Disease. As well, patients are assessed for a wide variety of psychiatric disorders of old age not associated with dementia or coarse brain injury.

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**WEEKLY SCHEDULE**  
for PGY-IV residents in the Outpatient Department

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M O N D A Y	8am to 11am 11am to 12:30pm 12:30pm to 1pm 1pm to 5pm	Intensive Outpatient Program Grand Rounds Residents' Lunch Residents' Outpatient Continuity Clinic
T U E S D A Y	8am to 11am 12pm to 1pm 1pm to 5pm	Residents' Outpatient Continuity Clinic Research Conference Huntington's Clinic
W E D N E S D A Y	8am to 12pm 12pm to 1pm 1pm to 6pm	Intensive Outpatient Program PGY-IV Seminar Neuropsychiatry and Geriatrics Clinic
T H U R S D A Y	8:30am to 12pm 12pm to 1pm  1pm to 5pm 5pm to 6pm	Residents' Outpatient Continuity Clinic Psychodynamic Psychotherapy Case Conference Residents' Outpatient Continuity Clinic Journal Club
F R I D A Y	8:30am to 9:30am 10am to 12pm 12pm to 1pm 1pm to 5pm	Intensive Outpatient Program Chairman's Service Rounds Chairman's Lunch with PGY-IVs Residents' Outpatient Continuity Clinic
S A T U R D A Y S U N D A Y	no clinical responsibilities on weekends unless working in the ER	
C A L L	• one 12 hour shift in the JHH ER every five to six weeks	

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The Division of Child  
and Adolescent  
Psychiatry

The educational program in the Division of Child and Adolescent Psychiatry is directed by Emily Frosch, M.D. The Division provides a two-month rotation in this subspecialty for general psychiatry residents. The Division has a separate 13-bed child and adolescent inpatient unit and a comprehensive day program for outpatients, both located in the Children's Medical and Surgical Center. In addition, there are a variety of outpatient services offered that include: The Johns Hopkins Children's Mental Health Center, a community program for children and adolescents; The Affective Disorders Clinic; The Pervasive Developmental Disorder Clinic; and the Anxiety/Obsessive-Compulsive Disorder Clinic.

During their two-month Child and Adolescent Psychiatry rotation, house officers acquire skills in diagnosis and treatment of children and adolescents in the inpatient, day program, and outpatient settings. In addition to providing a comprehensive

evaluation and initiation of treatment of the patient, there is considerable emphasis placed on working with the family or agency responsible for the child. Overall, the resident can expect to see a very good representation of major mental disorders in children and adolescents as well as severe adjustment and family difficulties. Residents are provided with direct supervision by the attending child psychiatrists and the clinic directors. Supervision is available for residents wishing to care for child or adolescent outpatients in treatment prior to and/or beyond the time of the rotation. Thus, some residents may follow selected child psychiatry outpatients starting in their PGY-II year.

During this rotation, general psychiatry residents attend the didactic seminars in the curriculum for the Child and Adolescent Psychiatry residents. There are additional summer didactic seminars serving as an Introduction to Child and Adolescent Psychiatry for general psychiatry residents. During July and August, all PGY-IV residents attend these seminars weekly. There is also a weekly Division Conference.

#### Elective Semester

The goal of the elective semester is to enable residents to concentrate on one or more issues of particular interest to them. Elective proposals must be sponsored by a member of the Johns Hopkins faculty and must be approved by the Department Director and the Director for Residency Education, but within these considerations residents can design clinical, research and/or administrative experiences of great diversity. The majority of residents choose to combine a specialty clinical experience with an independent research project.

During this elective semester, residents continue to attend Grand Rounds, Service Rounds, PGY-IV Seminar, and the Chairman's Lunch with PGY-IV residents. The only clinical requirement is for residents to continue to follow their longitudinal patients in the ROCC (see below).

#### Residents' Outpatient Continuity Clinic

Beginning in the PGY-II year and continuing throughout their residency, all house officers are expected to establish their own outpatient practice (Residents' Outpatient Continuity Clinic or ROCC). Each resident is expected to treat a variety of patients with a spectrum of treatments including patients in long-term psychotherapy and patients with chronic mental illnesses in this half-day per week clinic. Dr. Joseph Bienvenu and Dr. Jennifer Payne, directors of the ROCC, provide instruction and guidance to residents in building a diverse outpatient practice and handling the logistics of such a practice. (e.g. insurance authorization, payment, scheduling, and medical records). Each week a resident sees an average of two to three outpatients during the PGY-II year and four to six outpatients during the PGY-III year and PGY-IV years. The residents have a total of 15-25 patients by their PGY-IV year in their continuity clinic.

Each resident also has an assigned outpatient supervisor. Outpatient supervision is performed by the full-time faculty of the department as well as part-time faculty

## CLINICAL CURRICULUM

who work in the community. Residents may have multiple supervisors, and frequently a supervisor will assist the house officer with a patient throughout residency. Each resident will spend a minimum of one hour each week with their outpatient supervisor, reviewing cases from their Residents' Outpatient Continuity Clinic.



Section  
**3**

## The Didactic Curriculum

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>10<sup>am</sup> - 11<sup>am</sup> Anxiety Disorders &amp; Outpatient Department Seminar</p> <p>11<sup>am</sup>-12<sup>am</sup> Introduction to Child and Adolescent Psychiatry Seminar (Summer)</p> <p>11<sup>am</sup> - 12<sup>30pm</sup> Grand Rounds</p> <p>12<sup>30pm</sup> - 1<sup>pm</sup> Residents' Lunch</p>	<p>11<sup>am</sup> - 12<sup>pm</sup> Schizophrenia Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Child and Adolescent Resident Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Departmental Research Conference</p> <p>12<sup>pm</sup>-1<sup>pm</sup> Morbidity &amp; Mortality Conference monthly</p> <p>1<sup>pm</sup> - 2<sup>pm</sup> Cognitive-Behavioral Therapy Seminar</p>	<p>8:30<sup>am</sup>-9:30<sup>am</sup> Community Psychiatry Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> PGY-II Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> PGY-III Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> PGY-IV Seminar</p> <p>12<sup>30pm</sup> - 1<sup>45pm</sup> Child Divisional Conference</p> <p>3<sup>00pm</sup> - 4<sup>00pm</sup> Psychodynamic And Brief Psychotherapy Seminar</p> <p>4<sup>pm</sup> - 5<sup>pm</sup> Psychodynamic Theory Seminar</p>	<p>8<sup>am</sup> - 9<sup>am</sup> Consultation-Liaison and Substance Abuse Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> PGY-II Introductory Psychotherapy Seminar</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Psychodynamic Psychotherapy Case Conference</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Child and Adolescent Resident Seminar</p> <p>1<sup>pm</sup> - 2<sup>pm</sup> Affective Disorders Seminar</p> <p>2<sup>pm</sup>-3<sup>pm</sup> Schizophrenia Teaching Rounds</p> <p>3<sup>pm</sup> - 4<sup>pm</sup> Affective Disorders Teaching Rounds</p> <p>5<sup>pm</sup> - 6<sup>pm</sup> Journal Club</p>	<p>10<sup>am</sup> - 12<sup>pm</sup> Chairman's Service Rounds</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Chairman's Lunch Seminar with PGY-IV Residents</p> <p>12<sup>pm</sup> - 1<sup>pm</sup> Sexual Behaviors Consultation Unit (SBCU) Seminar</p> <p>4<sup>pm</sup> - 5<sup>pm</sup> SBCU Case Conference</p>

In concert with extensive clinical experiences, the Johns Hopkins residency program provides a comprehensive didactic curriculum for its housestaff. During the PGY-I year, interns are included in the seminars and conferences offered by the Johns Hopkins Bayview programs in internal medicine, neurology, and psychiatry. During subsequent years, residents are offered a multitude of didactic learning opportunities made up of the three traditional teaching methods: lecture/demonstrations, tutorial/seminars, and recitations. Outlined on the previous page are the weekly departmental didactic activities offered at The Johns Hopkins Hospital. Residents at every level of training are encouraged to attend any of these activities. Many of the didactics are linked to specific rotations. Those didactics which are required for residents of every year are highlighted.

Grand Rounds

A patient from one of the clinical services is presented, interviewed by Dr. DePaulo, and then a faculty member from the presenting service gives a lecture related to the case under consideration. Dr. DePaulo leads the discussion, which is open to all members of the department. The presenting faculty member prepares minutes of the round with suitable references. The topics covered during the past three years are listed below.

GRAND ROUNDS TOPICS FROM THE 2006-2007 ACADEMIC YEAR

Dr. J. Raymond DePaulo, Jr.	<i>Life Events and Psychopathology: Trauma, Loss and Stress</i>
Dr. Eric Strain	<i>Medication Development for Drug Use Disorders</i>
Dr. Russell Margolis	<i>Choosing an antipsychotic to treat schizophrenia</i>
Dr. John Walkup	<i>Deep Brain Stimulation in Tourette Syndrome</i>
Dr. David Edwin	<i>Psychology, ethics and living organ donation</i>
Dr. Peter Rabins	<i>Deep Brain Stimulation for Depression: Evidence, Ethical Concerns and Expanded Use</i>
Dr. Jason Brandt	<i>Neuropsychological Aspects of Epilepsy and Its Surgical Management</i>
Dr. Kay Jamison	<i>Treatment Non-Adherence in Bipolar Patients</i>
Dr. Vani Rao	<i>Psychiatric aspects of traumatic brain injury</i>
Dr. Robert Brooner	<i>Integrating Psychiatric Care with Substance Abuse Treatment</i>
Dr. Francis Mondimore	<i>Never-ending Winter: Chronic Depression</i>
Dr. Adam Rosenblatt	<i>Experimental Pharmacotherapy</i>
Dr. Mark Riddle	<i>Treatment of Adolescent Suicide Attempters</i>
Dr. Geetha Subramanian	<i>Opioid Dependence in Adolescents</i>
Dr. Angela Guarda	<i>Eating Disorders in Mothers and Daughters</i>
Dr. Constantine Lyketsos	<i>The Management of Neuropsychiatric Symptoms in Dementia: How can the Clinician Succeed?</i>
Dr. Akira Sawa	<i>Translational Neuroscience of Schizophrenia: Novel and Integrative Approaches with Mouse Models and Human Patient Tissues</i>
Dr. Paula Lockhart	<i>Fetal Alcohol Syndrome</i>
Dr. Laura Marsh	<i>Cognitive Dysfunction in Parkinson's Disease</i>
Dr. Alan Langlieb	<i>Notes from the Field of Health Outcomes</i>
Dr. Christopher Ross	<i>Neurobiology and classification of psychiatric disorders</i>
Dr. Glenn Treisman	<i>The Real Conflicts of Interest in Medicine</i>

Dr. John Lipsey	<i>Catatonia</i>
Dr. Paul McHugh	<i>The Place of Meaning in the Behavioral Perspective</i>
Dr. Bernadette Cullen	<i>The Role of the Community Psychiatrist</i>
Dr. Andrew Angelino	<i>Efforts in Translation: Bringing Johns Hopkins AIDS Psychiatry to Russia</i>
Dr. Timothy Moran	<i>Bingeing: Affective and Neural Consequences</i>
Dr. Karen Swartz	<i>STIGMA: What is it and how do you measure it?</i>
Dr. James Potash	<i>Stress and Depression</i>
Dr. Elizabeth Kastelic	<i>Psychoeducation for Youth Mood Disorders</i>
Department Faculty and Postdoctoral Fellows	<i>Annual Research Potpourri (2 meetings)</i>

GRAND ROUNDS TOPICS FROM THE 2007-2008 ACADEMIC YEAR

Dr. J. Raymond DePaulo, Jr.	<i>Evidence-Based Medicine in Psychiatry</i>
Dr. Eric Strain	<i>A Primer on Methadone Treatment</i>
Dr. Jeffrey Janofsky	<i>Why Psychiatrists Should Not Participate in Police and Intelligence Interrogations</i>
Dr. Peter Fagan	<i>Integrated Care Management</i>
Dr. Mark Riddle	<i>Bridging the Gap between Evidence-Based Practice and Clinical Realities</i>
Dr. Peter Rabins	<i>Network Theory: A Link between the Molecular and the Lived World?</i>
Dr. Irving Reti	<i>Novel Brain Stimulation Therapies for Treating Mental Illness</i>
Dr. Karen Swartz	<i>Outpatient Treatment of Mood Disorders: Longitudinal Studies and Best Practices</i>
Dr. Dimitri Avramopoulos	<i>Alzheimer's Disease: Genetics and Comorbidities</i>
Dr. Russell Margolis	<i>The Metabolic Syndrome in Psychiatric Practice</i>
Dr. James Potash	<i>Does Depression Shrink Your Brain?</i>
Dr. Maggie Bruck	<i>Factors affecting the Reliability and Credibility of Children's Testimony</i>
Dr. Geetha Jayaram	<i>Risk Analysis for Suicide – A Practical Primer</i>
Dr. Constantine Lyketsos	<i>The Natural History of Alzheimer's Disease</i>
Dr. Paul McHugh	<i>Desire and the Behavioral Perspective</i>
Dr. Anita Everett	<i>Premature Mortality in Persons with Serious Mental Illness</i>
Dr. Jason Brandt	<i>Memory Complaints and Memory Impairments in Older Adults</i>
Dr. Joseph Bienvenu	<i>Psychiatric Morbidity After Acute Respiratory Distress Syndrome</i>
Dr. Glenn Treisman	<i>Psychiatry of Medically Ill Patients</i>
Dr. Adam Rosenblatt	<i>What Have We Learned about Assisted Living?</i>
Dr. Dennis Barton	<i>Are Medical Necessity Criteria Really Necessary?</i>
Dr. Una McCann	<i>Anxiety Disorders</i>
Dr. Jennifer Payne	<i>Postpartum and Post-adoption Depression: Genetics versus Environment</i>
Dr. Michael Kaminsky	<i>Virtues of Vertical Integration of Psychiatric Care</i>
Dr. Ken Stoller	<i>Sticking with Adherence as a Primary Target of Interventions for Drug Abuse</i>
Dr. John Walkup	<i>The Child Adolescent Anxiety Multimodal Study</i>
Dr. Christopher Ross	<i>Neurogenetics: Insights into Degenerative Diseases and Approaches to Schizophrenia and Bipolar Disorder</i>
Dr. Graham Redgrave	<i>Blessed Rage for Order: Toward Meaningful Imaging of Anorexia Nervosa</i>
Dr. Joyce Harrison	<i>Preschool Mental Health</i>
Dr. John Lipsey	<i>When Patients Die</i>
Department Faculty and Postdoctoral Fellow	<i>Annual Research Potpourri (2 meetings)</i>

GRAND ROUNDS TOPICS FROM THE 2008-2009 ACADEMIC YEAR

Dr. J. Raymond DePaulo, Jr.	<i>DSM IV – DSM V: Where Are We Going? How Will We Get There?</i>
Dr. Peter Rabins	<i>Chasing a Research Topic: Late-Stage Dementia as an Example</i>
Dr. Eric Strain	<i>Substance Abuse</i>
Dr. Glenn Treisman	<i>Resistance</i>
Dr. James Potash	<i>Schizoaffective Disorder and the DSM V</i>
Dr. John Walkup	<i>The Future of Child Psychiatric Treatment</i>
Dr. Elaine Teirney	<i>Cholesterol and Autism Spectrum Disorder</i>
Dr. Rebecca Landa	<i>Early Signs of Risk for Autism: Evidence from a Prospective, Longitudinal Study</i>
Dr. Gerald Nestadt	<i>Obsessive-Compulsive Disorder Phenotype</i>
Dr. Paul McHugh	<i>Darwin and the Behavior Perspective</i>
Dr. Jason Brandt	<i>Cognition in Huntington's Disease and Presymptomatic Cases</i>
Dr. Russell Margolis	<i>Schizophrenia Therapeutics</i>
Dr. Michael Clark	<i>Chronic Pain</i>
Dr. Frederick Berlin	<i>The Sexually Disordered Person</i>
Dr. Geetha Jayaram	<i>Medication Errors in Psychiatry and Patient Safety</i>
Dr. Constantine Lyketsos	<i>The Trap of Meaning</i>
Dr. Karen Swartz	<i>Depression Education in Diverse Communities</i>
Dr. Jennifer Payne	<i>Clinical Care of Mood Disorders During and After Pregnancy</i>
Dr. Adam Kaplin	<i>Psychiatric Records, Stigma and Impact on Care</i>
Dr. Michael Kidorf	<i>How to Improve Substance Abuse Treatment Using Community Syringe Exchanges</i>
Dr. Jeffrey Janofsky	<i>Reducing Inpatient Suicide Risk: Improving Observation Practices</i>
Dr. Karin Neufeld	<i>Treating the "Hard-to-Treat" in Baltimore City's Methadone Maintenance Programs</i>
Dr. Jessica Peirce	<i>Traumatic Events in Substance Users In and Out of Treatment</i>
Dr. Van King	<i>Internet-Based Interventions for Drug Abuse and Other Psychiatric Problems</i>
Dr. David Schretlen	<i>What is an Abnormal Neuropsychological Examination?</i>
Dr. Jennifer Haythornthwaite	<i>The Challenges of Coping with Chronic Pain</i>
Dr. Rick Ostrander	<i>Attention-Deficit Hyperactivity Disorder and Comorbidity</i>
Dr. Christopher Ross	<i>Neurogenetics: Insights from Neurodegeneration</i>
Dr. John Lipsey	<i>Talking to Family Members of Depressed Patients: A Rationale and Method</i>
Dr. Golda Ginsburg	<i>Preventing Anxiety Disorders in Children</i>
Dr. Joyce Harrison	<i>Infantile Anorexia</i>
Department Faculty and Postdoctoral Fellows	<i>Annual Research Potpourri (2 meetings)</i>

Journal Club

In this seminar, led by Dr. Constantine Lyketsos, Dr. Margaret Chisolm, and Dr. Lawrence Mayer, residents critically review papers from the psychiatric literature. The aim of the seminar is to examine the author's methods, the strengths and weaknesses of his/her work, and the relevance of this work to clinical psychiatry. Residents become familiar with clinical research and statistical methods. Both current and classic psychiatric papers are presented.

Service Rounds

In this two hour weekly didactic session, one resident presents a case to the department chairman, Dr. J. Raymond DePaulo, Jr., who examines the patient and then leads a discussion in which each resident is asked to comment on some aspect of the case. Though others may attend the rounds, participation is limited to the assembled house officers. During Service Rounds, the Chief Residents also give a brief presentation focused on psychiatric symptoms, their variety, and the best methods to approach them in the mental status examination. Unlike other conferences, which meet during the academic year, Service Rounds meets throughout the calendar year. During the internship year there is a weekly service rounds led by Dr. Constantine Lyketsos at Johns Hopkins Bayview.

Departmental  
Research  
Conference

This lunchtime conference occurs on a weekly basis throughout the academic year. Investigators from within and outside the department present their latest research. Faculty, residents, and research fellows participate in this meeting. Residents are invited to meet with guest speakers following the conference. The conference topics from the past three years are listed below.

SELECTED RESEARCH CONFERENCE TOPICS FROM 2006-2007

Tim Moran, PhD	<i>Adiposity Signaling and the Control of Meal Size</i>
Peter Zandi, PhD, MPH	<i>In Search of Bipolar Susceptibility Genes</i>
Jack Samuels, PhD	<i>Hoarding Behavior in Obsessive-Compulsive Disorder</i>
Justin McArthur, MBBS, MPH	<i>HIV Dementia</i>
Gina Magyar-Russell, PhD	<i>Psychological Factors in Recovery from Traumatic Injuries</i>
J. John Mann, M.D.	<i>A Neurodevelopmental Perspective on Suicidal Behavior</i>
Vani Rao, M.D.	<i>Post-Traumatic Brain Injury Depression: Frequency, Co-morbidities &amp; Correlates</i>
Cynthia Munro, M.D.	<i>Sex Hormones and Striatal Dopamine Activity in Humans</i>
Robert Edwards, M.D.	<i>Biobehavior of Pain-Related Catastrophizing</i>
Golda Ginsburg, Ph.D.	<i>Family-based Prevention of Anxiety Disorders in Children at Risk</i>
Helen Mayberg, M.D.	<i>Modulating Putative Depression Circuits Using Deep Brain Stimulation</i>
John Walkup, M.D.	<i>Preliminary Data from the Treatment of Adolescent Suicide Attempters Study</i>
Joseph Friedman, M.D.	<i>Psychosis in Parkinson's Disease</i>
Dean MacKinnon, M.D.	<i>Panic as a Bipolar Endophenotype</i>
Dimitrios Avramopoulos, M.D.	<i>Genetics of Alzheimer's Disease,</i>

Mary-Claire King, Ph.D.	<i>Insights for Complex Disorders Finding Genetic Causes of Mental Disorders: Lessons from Genomics Studies of other Complex Traits</i>
Laura P. W. Ranum, Ph.D.	<i>Evidence for RNA Gain of Function Effects and Polyglutamine Inclusions in Spinocerebellar Ataxia Type 8</i>
Janet Treasure, M.D., Ph.D.	<i>Information Processing Styles in Eating Disorders and their Translation into Treatment</i>
Huilik Levkovitz, M.D.	<i>Cognitive and Emotional Effects of Deep Transcranial Magnetic Stimulation in Major Depression: from Animal Models to Clinical Application</i>
Gabrielle A. Carlson, M.D.	<i>Developmental Aspect of Bipolar Disorder in Children and Adolescents</i>

SELECTED RESEARCH CONFERENCE TOPICS FROM 2007-2008

Dr. Robert Ursano	<i>PTSD and Disaster Behaviors: Psychological and Behavioral Responses to Disaster</i>
Dr. Michelle Mielke	<i>Membrane Lipids, Metabolites, and Lipid Peroxidation Products as Biomarkers of Alzheimer Disease Progression</i>
Dr. Phillip Leon	<i>Adolescent Depression Awareness Program: Interuniversity and Community Collaborations</i>
Dr. Henry Holcomb	<i>Learning from our Mistakes, Visual and Motor Skill Acquisition in Schizophrenia</i>
Dr. Paul Rosenberg	<i>Depressive Symptoms as a Prodrome to Dementia</i>
Dr. Bruce Wexler	<i>Cognitive Remediation: Computerized Brain Activation Exercises in the Treatment of Schizophrenia</i>
Dr. Jennifer Payne	<i>Personality Traits of Women with Premenstrual, Postpartum and Perimenopausal Mood Symptoms</i>
Dr. Susumu Mori	<i>Recent Progress in Quantitative White Matter Anatomical Studies by MRI</i>
Dr. Wanli Smith	<i>The Neurobiology of Genetic Forms of Parkinson's Disease</i>
Dr. Robert Provine	<i>Laughter, Yawning and Neurological Programs for Sociality</i>
Dr. Marcos Grados	<i>OCD, Tourette Syndrome and ADHD: What are the Connections?</i>
Dr. Patricia Faris	<i>A Pathophysiological Model of Bulimia Nervosa: Basic, Translational and Clinical Studies</i>
Dr. Nassir Ghaemi	<i>The Rise and Fall of the Biopsychosocial Model in Psychiatry</i>
Sir David Goldberg	<i>Psychosocial Interventions with an Evidence-Based Perspective: Depression &amp; Unexplained Somatic Symptoms</i>
Dr. Ned Kallin	<i>Emotion Regulation Circuitry: Altered Function in Depression and Anxiety Disorders</i>
Dr. John Desmond	<i>Cerebro-cerebellar Circuits Involved in Maintaining and Manipulating Verbal Information</i>

Dr. John Kane	<i>Pharmacologic Treatment of Schizophrenia: How Far Have We Come?</i>
Dr. John Krystal	<i>Glutamate, the Prefrontal Cortex, and Schizophrenia: Capturing the Angel in Angel Dust</i>
Dr. Kelly Tamashiro	<i>Maternal Stress and Nutrition during Pregnancy: Consequences for Offspring</i>
Dr. Michael First	<i>The DSM-V Research Planning Process</i>
Dr. Dobrila Rudnicki	<i>A New Type of Huntington's Disease: Unique Insights into the Pathogenesis of Neurodegeneration</i>
Dr. Joseph Coyle	<i>NMDA Receptor Hypofunction and Schizophrenia: The Emergence of a Pathologic Circuit</i>
Dr. Bertha Madras	<i>Intervening with Drug Abusing Patients in Primary Care Medical Settings: New Research Evidence, Practice Guidelines and Policy Changes.</i>
Dr. Philip Mitchell	<i>Novel Lecture, "The Brave New World of Genetic Testing for Mood Disorders: What Do Our Patients Think?"</i>
Dr. Carolyn Robinowitz	<i>Our Voice in Action: Advancing Science, Care and the Profession</i>

SELECTED RESEARCH CONFERENCE TOPICS FROM 2008-2009

Dr. Susan Courtney	<i>Information Representation for Working Memory: Objects, Locations, and Rules</i>
Dr. Andrew Feinberg	<i>A CHARMing Approach to the Epigenetics of Psychiatric Illness</i>
Dr. Rachel Manber	<i>Improving Depression Outcome with Combined Antidepressant Medication and CBT for Insomnia</i>
Dr. Marco Grados	<i>Diversity in Research</i>
Dr. Wade Berrettini	<i>Genetics of Nicotine Addiction</i>
Dr. Andrew Zabel	<i>Executive Functioning in Child and Adolescents with Spina Bifida</i>
Dr. Gwenn Smith	<i>Neuroimaging of the Depression-Dementia Interface</i>
Dr. Fernando Goes	<i>Genetics of Psychotic Bipolar Disorder</i>
Dr. Ryan Vandrey	<i>Cannabis Dependence and the Consideration of Medications to Assist Treatment</i>
Dr. Atsushi Kamiya	<i>Toward Understanding the Pathophysiology of Major Mental Disorders Using a Novel Animal Model</i>
Dr. Michel Maziade	<i>Genotypic and Phenotypic Characteristics Suggesting Shared and Specific Mechanisms for Schizophrenia and Bipolar/Depression</i>
Dr. Lawrence Cahill	<i>Sex and Hemisphere Influences on the Neurobiology of Emotional Memory</i>
Dr. Edwin Cook	<i>Autism as a Paradigmatic Complex Genetic Disorder</i>
Dr. Quincy Samus	<i>The Maximizing Independence at Home Trial: A Proactive Model of Community-Based Dementia Care</i>

Dr. Judith Bass	<i>Assessment and Treatment of Depression in Developing Countries</i>
Dr. Bruce McEwen	<i>Protective and Damaging Effects of Stress Mediators</i>
Dr. John Gilmore	<i>Imaging Early Brain Development in Normal and High-Risk Children</i>
Dr. Phillip Quartana	<i>Painful Consequences of Anger Suppression</i>
Dr. Brain Appleby	<i>Determinants of Survival Time in Human Prion Diseases</i>
Dr. Daniel Arking	<i>Genome-Wide Association Analysis of Autism Genomes</i>
Dr. Peter Zandi	<i>Pharmacoepidemiology of NSAIDS and Alzheimer's Disease</i>
Dr. Jonathan Flint	<i>Why Candidate Gene Studies Have Been So Unsuccessful in Psychiatry</i>
Dr. Ann Gruber-Baldini	<i>Delirium and Cognitive Impairment After Hip Fracture</i>
Dr. Kent Berridge	<i>Delight, Desire, and Dread: Limbic Brain Bases</i>
Dr. Robert Schwarcz	<i>Glial Strategies in Neuropsychopharmacology: Targeting the Kynurenine Pathway of Tryptophan Degredation</i>
Dr. David Dinges	<i>A Crisis in Inadequate Sleep: Health and Safety Implications</i>
Dr. Rajita Sihna	<i>Stress and Addiction Risk: Mechanisms and Treatment Development</i>
Dr. Daniel Geschwind	<i>Autism: From Gene to Brain to Cognition</i>
Dr. John Bridges	<i>The Psychiatric Genome-Wide Association Study Consortium: Overview, Possibilities, and Pitfalls</i>
Dr. Jordan Smoller	<i>The Genetics of Mood and Anxiety Disorders: When Phenotype Matters</i>

## Resident Seminars

The resident seminar series is a coherent overview of the field of psychiatry presented by faculty who are experts on each of the topics presented. During the PGY-I year, interns on their psychiatry rotation meet two hours a week; one hour in the psychiatric phenomenology and diagnosis seminar and one hour in a psychiatric treatment seminar. During the subsequent years of residency, one hour per week is reserved for the PGY-II through PGY-IV seminars listed below.

### **PGY-II SEMINAR: INTRODUCTORY SUMMER SESSION**

Introduction to <u>The Perspectives of Psychiatry</u> (8 weeks)	<i>Paul R. McHugh, M.D. and Alan Romanoski, M.D.</i>
Emergency Treatments in Psychiatry (3 weeks)	<i>Patrick T. Triplett, M.D.</i>
Mental Status Examination (2 weeks)	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
Taking a Psychiatric History	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
Basic Psychopathology	<i>J. Raymond DePaulo, Jr., M.D.</i>

Professionalism during Residency Training	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
Introduction to Pharmacotherapy (2 weeks)	<i>Thomas W. Koenig, M.D.</i>
Correct Use of Seclusion and Restraints	<i>Geetha Jayaram, M.D.</i>
Electroconvulsive Therapy (3 weeks)	<i>Irving Reti, M.D.</i>
Medical Student Education (2 weeks)	<i>Susan W. Lehmann, M.D.</i>
Introduction to Forensic Psychiatry	<i>Jeffrey Janofsky, M.D.</i>
On-Line Resources for Psychopharmacology	<i>Crystal Clark, M.D.</i>
Approaching the Psychiatric Literature	<i>Karen L. Swartz, M.D.</i>
Duty Hours and Sleep Deprivation	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>

**PGY-II SEMINAR: ACADEMIC YEAR**

The Psychiatric Formulation	<i>J. Raymond DePaulo, Jr., M.D.</i>
Major Depression	<i>Karen L. Swartz, M.D.</i>
Bipolar Disorders	<i>Jennifer L. Payne, M.D.</i>
Other Affective Disorders	<i>Fernando S. Goes, M.D.</i>
Antidepressants (2 weeks)	<i>Karen L. Swartz, M.D.</i>
Lithium	<i>Dean MacKinnon, M.D.</i>
Mood Stabilizers and AED's	<i>James B. Potash, M.D., M.P.H.</i>
Psychological Testing (3 weeks)	<i>David Edwin, Ph.D.</i>
Schizophrenia	<i>Sarah Reading, M.D.</i>
Neuroscience of Schizophrenia	<i>Sarah Reading, M.D.</i>
Neuroleptics and Anticholinergics (2 weeks)	<i>Russell Margolis, M.D.</i>
Geriatric Psychiatry (3 weeks)	<i>Susan Lehmann, M.D.</i>
Dementias (2 weeks)	<i>Constantine Lyketsos, M.D. and Adam Rosenblatt, M.D.</i>
Treatment of Dementias	<i>Martin Steinberg, M.D.</i>
Substance Abuse (2 weeks)	<i>Eric Strain, M.D.</i>
Alcohol/Benzodiazepine Detoxification	<i>Alan Romanoski, M.D.</i>
Pharmacotherapy of Substance Abuse	<i>Alan Romanoski, M.D.</i>
Eating Disorders (2 weeks)	<i>Angela Guarda, M.D. and Graham W. Redgrave, M.D.</i>
Somatoform Disorders	<i>Thomas Koenig, M.D.</i>
Chronic Pain	<i>Michael Clark, M.D.</i>
Anxiety Disorders	<i>Una McCann, M.D.</i>
Treatment of Anxiety Disorders	<i>Una McCann, M.D.</i>
Obsessive-Compulsive Disorder	<i>Gerald Nestadt, M.B.B.S.</i>
Posttraumatic Stress Disorder	<i>James Fauerbach, Ph.D.</i>
AIDS Psychiatry	<i>Adam I. Kaplin, M.D., Ph.D.</i>
Introduction to Child Psychiatry (2 weeks)	<i>Emily Frosch, M.D.</i>
Affective Disorders in Children	<i>Elizabeth A. Kastelic, M.D.</i>
Anxiety/Tics/OCD in Children	<i>Marco A. Grados, M.D.</i>
Psychiatric Emergency Care (2 weeks)	<i>Patrick T. Triplett, M.D.</i>

**PGY-III SEMINAR**

Personality Assessment (3 weeks)	<i>Paul Costa Jr., Ph.D.</i>
Dimensional Disorders (3 weeks)	<i>David Edwin, Ph.D.</i>
Personality Theory: Erikson, Jung, and Bowlby (4 weeks)	<i>James Harris, M.D.</i>
Religion and Spirituality in Psychiatry (2 weeks)	<i>Everett Siegel, M.D.</i>
Psychotherapy with Pharmacotherapy: Major Depression (2 weeks)	<i>John R. Lipsley, M.D.</i>
Psychotherapy with Pharmacotherapy: Bipolar Disorder	<i>Karen L. Swartz, M.D.</i>
Psychotherapy with Pharmacotherapy: Schizophrenia	<i>Michael J. Kaminsky, M.D.</i>
Psychotherapy with Pharmacotherapy: Women's Issues	<i>Karen L. Swartz, M.D.</i>
Psychotherapy with Pharmacotherapy: Anxiety Disorders	<i>Una McCann, M.D.</i>
Psychotherapy with Pharmacotherapy: The Meaning of Medication	<i>Everett Siegel, M.D.</i>
Forensic Psychiatry (8 weeks)	<i>Jeffrey Janofsky, M.D.</i>
Community Psychiatry (4 weeks)	<i>Bernadette Cullen, M.D. and Faculty</i>
Cultural Competency in the 21 <sup>st</sup> Century	<i>Tracee Burroughs, M.D.</i>
Cross-Cultural Psychiatry	<i>Thomas Koenig, M.D.</i>
Ethics in Psychiatry (7 weeks)	<i>Jeffrey Janofsky, M.D.</i>
Medical Student Education	<i>Susan Lehmann, M.D.</i>

**PGY-IV SEMINAR**

Administrative Topics in Psychiatry:	
Administrative Careers	<i>J. Raymond DePaulo, Jr., M.D.</i>
Medical Student Education	<i>Susan Lehmann, M.D.</i>
Life after Residency:	
Research Careers in Academic Medicine	<i>Karen L. Swartz, M.D.</i>
Clinician/Educator Careers in Academic Medicine	<i>James B. Potash, M.D.</i>
NIMH Fellowships	<i>Karen L. Swartz, M.D.</i>
Careers in Psychosomatic Medicine	<i>Jennifer L. Payne, M.D.</i>
Hospital-based Practice	<i>Ashley Bone, M.D.</i>
Private Practice I	<i>Jason H. Addison, M.D.</i>
Forensics and State Hospitals	<i>Evan Jacobson, M.D.</i>
	<i>Saadia Alizai-Cowan, M.D.</i>

Private Practice II	<i>Anthony J. Drobnick, M.D.</i>
Finding Balance in an Academic Career	<i>Sarah Reading, M.D.</i>
Group Practice in Psychiatry	<i>James Gallagher, M.D.</i>
Community Psychiatry	<i>Abby Morris, M.D.</i>
Community and Private Practice	<i>Cynthia Major, M.D.</i>
Combining Academics and Private Practice	<i>Todd S. Cox, M.D.</i>
Non-clinical careers: the FDA	<i>Michelle Chuen, M.D.</i>
Strategizing for a Research Career	<i>Timothy Moran, Ph.D.</i>

Shorter's <u>A History of Psychiatry</u> (3 weeks)	<i>Karen L. Swartz, M.D.</i>
Termination Issues & Transition of Patient Care	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
Gender and Marriage Issues in Practice	<i>Karen L. Swartz, M.D.</i>
Gender and Sexual Orientation Issues in Psychotherapy	<i>Karen L. Swartz, M.D.</i>
Giving Effective Presentations	<i>Karen L. Swartz, M.D.</i>
Disaster Psychiatry: Overview of Disasters	<i>George Everly, M.D.</i>
Post-traumatic Stress Disorder	<i>Michael J. Kaminsky, M.D.</i>
Yalom's <u>Existential Psychotherapy</u> (4 weeks)	<i>Peter Rabins, M.D.</i>
Oral Board Exam Preparation with Practice Examinations (7 weeks)	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
PGY-IV Resident Presentations (12 weeks)	

Psychodynamic  
Psychotherapy  
Case Conference

This seminar is led by Everett Siegel, M.D. Audiotapes and process notes of cases in psychotherapy treatment by residents are used to discuss the theory and practice of psychodynamic psychotherapy. Residents and faculty discuss practical issues in both brief and long-term forms of this treatment. This conference is attended full time by the PGY-III residents on rotation in the Outpatient Department. Residents from all other years are invited to attend.

PGY-II Introductory  
Psychotherapy  
Seminar

This yearlong introductory seminar for all PGY-II residents covers the establishment of an outpatient practice, the nature of the therapeutic relationship, and the elements of supportive, psychodynamic and cognitive-behavioral psychotherapeutic techniques. PGY-II residents meet with Dr. Joseph Bienvenu and Dr. Jennifer Payne and other faculty during lunchtime every Thursday. Case-based discussions of psychotherapeutic opportunities and dilemmas are central to the seminar. Expert faculty members focus on the psychotherapeutic techniques most effective for specific diagnostic patient groups.

**INTRODUCTION TO THE PRACTICE OF OUTPATIENT PSYCHIATRY AND PSYCHOTHERAPY**

Practical Issues in Outpatient Practice	<i>O. Joseph Bienvenu, M.D., Ph.D. and Jennifer L. Payne, M.D.</i>
The Office Environment and its Effects On Therapy	<i>Karen L. Swartz, M.D.</i>
Supportive Psychotherapy (4 weeks)	<i>Francis Mondimore, M.D.</i>
Boundaries	<i>John R. Lipsey, M.D. and Karen L. Swartz, M.D.</i>
Effective Use of Supervision	<i>O. Joseph Bienvenu, M.D., Ph.D. and Jennifer Payne, M.D.</i>
Beginning Cognitive-Behavioral Therapy (3 weeks)	<i>Lisa Wuyek, Ph.D.</i>
The Substance Abusing Outpatient (4 weeks)	<i>C. Patrick Carroll, M.D.</i>
The Mood Disordered Outpatient	<i>Karen L. Swartz, M.D.</i>
The Eating Disordered Outpatient	<i>Graham W. Redgrave, M.D.</i>
The Outpatient with Schizophrenia	<i>Sarah Reading, M.D.</i>
The Outpatient with Chronic Pain	<i>Michael R. Clark, M.D.</i>
The Outpatient with OCD	<i>Gerald Nestadt, M.D.</i>
The Medically Ill Outpatient	<i>Adam Kaplin, M.D., Ph.D.</i>
The Anxious Outpatient	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
The Elderly Outpatient	<i>Susan Lehmann, M.D.</i>
The Personality Disordered Outpatient	<i>Glenn Treisman, M.D., Ph.D.</i>
The Female Outpatient	<i>Jennifer L. Payne, M.D.</i>
Outpatients in Private Practice	<i>Todd S. Cox, M.D.</i>
Introduction to Cognitive Behavioral Therapy (2 weeks)	<i>Golda Ginsberg, Ph.D.</i>
Introduction to CBT for Depression	<i>Golda Ginsberg, Ph.D.</i>
Introduction to CBT for Anxiety	<i>Golda Ginsberg, Ph.D.</i>
Discussion of Challenging Patients (2 weeks)	<i>O. Joseph Bienvenu, M.D., Ph.D. and Jennifer L. Payne, M.D.</i>
Introduction to Psychodynamic Psychotherapy	
First Contact, First Moments	<i>Michal Tsemach, LCSW</i>
Therapeutic Alliance and Safety	<i>Michal Tsemach, LCSW</i>
The Frame	<i>Michal Tsemach, LCSW</i>
Phone Calls, No Shows, Late Arrivals, and Early Departures	<i>Michal Tsemach, LCSW</i>
Transference and Countertransference	<i>Michal Tsemach, LCSW</i>

PGY-III Outpatient  
Subspecialty Clinic  
Seminar Series

The following seminar series correspond to the subspecialty outpatient clinical experience which occurs during the eight month Outpatient Department rotation of the PGY-III year. Each of these seminars meets weekly.

## **PSYCHODYNAMIC AND BRIEF PSYCHOTHERAPY SEMINAR**

*This seminar led by Dr. Everett Siegel builds upon the Introductory Psychotherapy Seminar of the PGY-II year.*

Orientation to Psychodynamic Therapy  
Empathy  
The Treatment Framework  
The Basic Premises of Dynamic Psychiatry  
A Primer for Expressive Psychotherapy  
Ego Psychology  
Ego Psychology in Practice and Unconscious Communication  
Introduction to the Practice of Therapy  
Object Relations Theory  
Object Relations and the Borderline Patient  
Self Psychology  
The Two Triangles  
The Process of Working with Inner Conflict  
Developmental Theories  
Oedipal Conflicts  
Psychodynamic Assessments (2 weeks)  
Psychodynamic Interventions and Supportive Therapy  
Transference and Countertransference  
Resistance  
Interpretation  
Brief Psychotherapy  
Borderline Personality Disorders  
Loss and Termination

## **ANXIETY DISORDERS & OUTPATIENT DEPARTMENT SEMINAR**

Anxiety Disorders: An Introduction	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
Personality and Anxiety Disorders	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
“Neurosis” and “Internalizing Disorders” as Useful Descriptive Terms	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
Obsessive-Compulsive Disorder	<i>Gerald Nestadt, M.D., M.P.H. and Lisa Wuyek, Ph.D.</i>
Posttraumatic Stress Disorder	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
Generalized Anxiety Disorder	<i>O. Joseph Bienvenu, M.D., Ph.D. and Rudolf Hoehn-Saric, M.D.</i>
Social Phobia	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>
Panic Disorder and Agoraphobia	<i>O. Joseph Bienvenu, M.D., Ph.D.</i>

Group Therapy (4 sessions)	<i>Bernard Liberman, Ph.D.</i>
Behavioral Medicine and Physical Illnesses	<i>H. Richard Waranch, Ph.D.</i>
Overview of Clinical Sleep Disorder	
Medicine and Normal Sleep	<i>Michael Smith, Ph.D.</i>
CBT for Chronic Insomnia	<i>Michael Smith, Ph.D.</i>
Psychotherapy of Personality Disorders	<i>Michael J. Kaminsky, M.D.</i>
Motivational Interviewing (2 weeks)	<i>Emerson Wickwire, Ph.D.</i>
Transtheoretical Factors in Psychotherapy	<i>Daniel Buccino, M.A., M.S.W.</i>
Interpersonal Psychotherapy	<i>Daniel Buccino, M.A., M.S.W.</i>
Psychotherapy with Couples	<i>Daniel Buccino, M.A., M.S.W.</i>
Dialectic Behavioral Therapy	<i>Adam I. Kaplin, M.D., Ph. D. and Lisa Wuyek, Ph.D.</i>
The U.S. Mental Health Care “System”	<i>Lee McCabe, Ph.D.</i>

## **AFFECTIVE DISORDERS SEMINAR**

*led by Drs. J. Raymond DePaulo, Jr., Kay Redfield Jamison, Francis Mondimore, James Potash, and Karen Swartz*

Schizoaffective Disorder  
 Epidemiology  
 Mania  
 Mixed States  
 Stressors  
 Community Education  
 Suicidality  
 Genetic Epidemiology  
 Linkage Studies  
 Association Studies  
 Brain Regions  
 Hypothalamic-Pituitary-Adrenal Axis  
 Antidepressants (2 weeks)  
 Lithium (2 weeks)  
 Anticonvulsants (2 weeks)  
 Antipsychotics  
 Medication Adherence  
 Electroconvulsive Therapy  
 Psychotherapy  
 Primary Care Treatment of Mood Disorders

## **SEXUAL BEHAVIORS CONSULTATION UNIT SEMINAR**

*led by Drs. Frederick Berlin, Peter Fagan, Christopher Kraft, Thomas Wise, and Chester Schmidt*

Introduction to the Sexual Behaviors Consultation Unit  
Overview of the sexual disorders categories  
Personality and sexuality  
Origins of sexual orientation  
Physiological basis of sexual functioning in medical illness  
Disorders of orgasm in men  
Arousal disorders in men: recent advances in somatic treatment  
Disorders of arousal in men: psychological considerations  
The paraphilias: sexual variations or sexual disorders?  
Evaluation of sexual offenders: pedophilia, necrophilia, and sexual sadism  
Treatment of sexual offenders  
Sex and the Internet  
Infidelity: conceptual framework and interventional strategies  
Integrated sex and couple therapy  
Group treatment of paraphilias and non-paraphilic sexual compulsivity  
Behavioral interventions: sensate focus and others  
Transsexualism  
Transvestic Fetishism  
Treatment of gender dysphoria in individuals and couples  
Disorders of sexual desire, arousal, and orgasm in women  
Sexual avoidance and sexual aversion in women  
Current advances in the understanding and treatment of female sexual arousal  
Sexual Pain Disorders

## **SCHIZOPHRENIA SEMINAR**

*led by Drs. Nicola Cascella, Karen Swartz, Gerald Nestadt, Dean Wong, and Michael Kaminsky*

Review of Phenomenology  
Historical Description of Schizophrenia and the  
    Movement Toward Standardized Diagnoses  
Pharmacotherapies of Schizophrenia  
Psychotherapy in Schizophrenia  
History of Diagnostic Classification  
Schizophrenia Spectrum Diagnoses  
A Brief Review of Schizophrenia Epidemiology  
US/UK Cross-National Studies of Schizophrenia  
Cross-Cultural Aspects of Schizophrenia  
Urban Living as a Risk Factor

Season of Birth as a Risk Factor  
The Deficit Syndrome  
General Review of Neuroanatomy  
Brain Development in Schizophrenia (2 weeks)  
Similarities Between TLE and Schizophrenia  
The Dopamine Hypothesis of Schizophrenia  
Brain Imaging of Neuroleptic Action in Schizophrenia  
Functional MRI Studies in Schizophrenia  
Family Studies in Schizophrenia  
The Neuropsychology of the Wisconsin Card Sort Test in Schizophrenia  
Treatment of Resistant Schizophrenia  
Tardive Syndromes in Schizophrenia  
Long Term Outcome in Schizophrenia  
The Validity of Schizoaffective Disorders

## **SUBSTANCE ABUSE TREATMENT SEMINAR**

*led by Dr. Alan Romanoski*

The Four Phases of Substance Abuse Treatment  
Treatment Contracts  
Preventative Maintenance with breathalyzers and urine toxicology screening  
Relapse Prevention Plans  
Relapse Management  
Outpatient Detoxification  
Naltrexone  
Disulfiram  
Alcoholics Anonymous  
Narcotics Anonymous  
Personality Assessment and Substance Abuse Treatment  
Crisis Management

### PGY-III General Hospital Psychiatry Seminar Series

The General Hospital Psychiatry Seminar is a breakfast seminar for all PGY-III residents rotating in GHP (including the Emergency Department). This seminar provides an overview of the epidemiology, diagnosis, and treatment/management of psychiatric disorders found in nontraditional psychiatric sites, such as the general hospital's wards, emergency department and primary care clinic. The roles of the psychiatrist as consultant and liaison are examined in detail. The seminar provides didactic coherence for the multitude of clinical experiences found during the six-month rotation.

Introduction to Consultation-Liaison *Karin J. Neufeld, M.D.*  
Psychiatry and the liaison role in medical care *Karin J. Neufeld, M.D.*

Catatonia	<i>John R. Lipsey, M.D.</i>
Depression and stroke	<i>John R. Lipsey, M.D.</i>
Pathological laughing and crying	<i>John R. Lipsey, M.D.</i>
Premenstrual dysphoric disorder	<i>Karen L. Swartz, M.D.</i>
Affective disorders and pregnancy	<i>Karen L. Swartz, M.D.</i>
Postpartum depression	<i>Karen L. Swartz, M.D.</i>
Liaison psychiatry: difficult patients	<i>Michael Clark, M.D.</i>
Factitious and somatoform disorders	<i>Michael J. Kaminsky, M.D.</i>
Origin & basis for human grief	<i>Shep Jeffries, Ph.D.</i>
Complicated variants of grief	<i>Shep Jeffries, Ph.D.</i>
Human Grief Response	<i>Shep Jeffries, Ph.D.</i>
Psychodermatology	<i>Thomas Koenig, M.D.</i>
Somatoform disorders	<i>Michael J. Kaminsky, M.D.</i>
Sleep and related disorders	<i>David Neubauer, M.D.</i>
Monosymptomatic hypochondriasis	<i>Michael J. Kaminsky, M.D.</i>
Unintended consequences of DNR orders	<i>Glenn Treisman, M.D., Ph.D.</i>
Rehabilitation and disability	<i>Stephen Wegener, Ph.D.</i>
HIV, Hepatitis C, and psychiatry	<i>Andrew Angelino, M.D.</i>
Antisocial personality disorder	<i>Karin J. Neufeld, M.D.</i>
Delirium in the ICU	<i>Dale Needham, M.D., Ph.D.</i>
Oncology and psychiatry	<i>Laura Hoofring, ARNP-PMH</i>
Psychiatry and the Burn Unit	<i>James Fauerbach, Ph.D.</i>
Depression and primary care	<i>Adam I. Kaplin, M.D., Ph.D.</i>
Pain disorders and consult psychiatry	<i>Michael R. Clark, M.D., M.P.H.</i>
Huntington's Disease	<i>Adam Rosenblatt, M.D.</i>
Psychiatric Aspects of Epilepsy	<i>Laura Marsh, M.D.</i>
Movement Disorders	<i>Laura Marsh, M.D.</i>
Parkinson's Disease and dementia	<i>Laura Marsh, M.D.</i>
Traumatic Brain Injury	<i>Vani Rao, M.D.</i>
Assessment of competence	<i>Dennis Barton, M.D.</i>
Delirium	<i>Adam I. Kaplin, M.D., Ph.D.</i>
Substance abuse treatment	<i>Jeffrey Hsu, M.D.</i>
Motivational interviewing	<i>Michael Kidorf, Ph.D.</i>

Administrative Lunch  
with the Chairman

Once a week, all PGY-IV residents meet with the chairman, Dr. J. Raymond DePaulo, Jr., or other senior faculty, for lunch to discuss issues pertinent to Administrative Psychiatry. These discussions focus on the changing clinical, academic, and research environments and the competencies necessary for success in each, including professional leadership roles. Career development for our residents is also an important focus of this meeting.

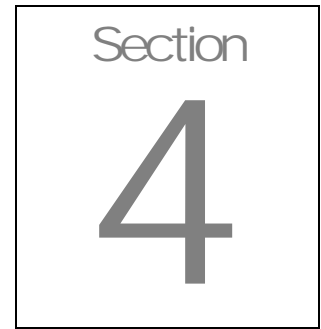
Residents' Lunch

Each Monday following Grand Rounds, all residents gather for lunch and a discussion led by the Administrative Chief Resident. The discussion typically

focuses on clinical and administrative issues relevant to the residency. Moreover, all residents have the opportunity to discuss any programmatic, clinical or systematic concerns related to their training experience. Following the group meeting, there is an opportunity for residents to then discuss privately any individual concerns with the Chief Resident.

Subspecialty  
Clinical Case  
Conferences

During these rounds, a resident presents a patient's history to a faculty member from the subspecialty service. The patient is examined by the faculty member who then leads a discussion of diagnostic and therapeutic issues pertinent to the case. Many subspecialty services conduct these rounds on a weekly basis including the Affective Disorders Service, the Schizophrenia Service, and the Sexual Behaviors Consultation Unit. Other specialty clinics have regular teaching rounds and conferences, including the Anxiety Disorders Clinic, the Neuropsychiatry and Memory Unit, and the Geriatrics Service which residents are welcome to attend.



## Residents

### 2009 - 2010 Phipps Residents

#### PGY-I Interns

(at Bayview Medical Center)

Yuval Asner, M.D.  
 Shin-Bey Chang, M.D.  
 Rachel R. Chrissluis, M.D.  
 Sean P. Heffernan, M.D.  
 Jamie A. Hom, M.D.  
 Smitta V. Patel, M.D.  
 Lee S. Spencer, M.D.  
 Grace Thammasuvimol, M.D.

#### Medical School

Indiana University School of Medicine  
 Drexel University College of Medicine  
 Albert Einstein College of Medicine  
 Tulane University School of Medicine  
 UMDNJ-Robert Wood Johnson Medical School  
 University of Illinois College of Medicine  
 Tulane University School of Medicine  
 Drexel University College of Medicine

#### PGY-II Residents

Allan M. Andersen, M.D.  
 Rebecca Birnbaum, M.D.  
 Matthew D. Burkey, M.D.  
 Caitlin R. Costello, M.D.  
 Laura L. Ebner, M.D.  
 Nicole R. Edmond, M.D.  
 Meghann M. Hennelly, M.D.  
 Mary C. Kimmel, M.D.  
 Megan M. Mroczkowski, M.D.  
 Christopher J. Pagnani, M.D.  
 Erica M. Richards, M.D., Ph.D.  
 Ryan E. Stagg, M.D.  
 James J. Yi, M.D., Ph.D.

#### Medical School

Georgetown University School of Medicine  
 Albert Einstein College of Medicine  
 Johns Hopkins University School of Medicine  
 Johns Hopkins University School of Medicine  
 Eastern Virginia Medical School  
 Johns Hopkins University School of Medicine  
 University of Chicago School of Medicine  
 Drexel University College of Medicine  
 Michigan State University College of Medicine  
 Thomas Jefferson Medical College  
 University of Maryland School of Medicine  
 Pennsylvania State University College of Medicine  
 Temple University School of Medicine

RESIDENTS

PGY-III Residents

Mirnova Ceide, M.D.	Pennsylvania State University College of Medicine
Mary Cutler, M.D.	Johns Hopkins University School of Medicine
James Disney, M.D.	Johns Hopkins University School of Medicine
Sasikanth Doddapaneni, M.D.	Tufts University School of Medicine
Joel Mack, M.D.	SUNY at Buffalo School of Medicine
Daniel C. Mathews, M.D.	Medical College of Virginia
Vinay Parekh, M.D.	Johns Hopkins University School of Medicine
Leon T. Que, Jr., M.D.	University of Chicago School of Medicine
Jose Rios-Robles, M.D.	Universidad Central Del Caribe, Puerto Rico
Anne Ruble, M.D.	Northwestern University School of Medicine
Sina A. Saidi, M.D.	Harvard Medical School
Sarah Tighe, M.D.	Johns Hopkins University School of Medicine
Jason Williams, M.D.	George Washington School of Medicine

PGY-IV Residents

(One member of this class short-tracked into Child & Adolescent Psychiatry Fellowships after her PGY-III year.)

Denis Antoine, M.D.*	Howard University College of Medicine
Crystal Clark, M.D.*	University of Louisville School of Medicine
Jennifer Coughlin, M.D.	University of Maryland School of Medicine
Steven Galati, M.D.*	Thomas Jefferson Medical College
Pamela Horn, M.D.	SUNY at Buffalo School of Medicine
Frederick Houts, M.D.*	Medical College of Ohio
Amy Huberman, M.D.	Johns Hopkins University School of Medicine
Lauren Moran, M.D.	Johns Hopkins University School of Medicine
Margaret Seide, M.D.	New York University School of Medicine
Punit Vaidya, M.D.	University of Cincinnati College of Medicine
Elizabeth Winter, M.D.	Johns Hopkins University School of Medicine

\* Chief Resident

## Phipps Resident Post-Graduation Plans

### Class of 2009

Eric L. Anderson, M.D.	Anne Arundel Medical Center Chief, Consultation and Emergency Psychiatry Annapolis, Maryland
Paul Boulware, M.D.	Private Practice Phoenix, Arizona
Rupali Chadha, M.D.	University of California, Los Angeles Fellowship, Forensic Psychiatry
Amanda S. Dorn, M.D.	University of North Carolina Faculty, Women's Mood Disorders
Gregory Foster, M.D., J.D.	Baylor College of Medicine Fellowship, Neuropsychiatry
Christina S. Hines, M.D., Ph.D.	National Institute of Mental Health, Fellowship, Neuroimaging
Katherine Jou, M.D.	University of Maryland Fellowship, Forensic Psychiatry
Erika Olander, M.D.	Attending Psychiatrist, Sheppard Pratt Hospital, Baltimore, Maryland
Michael I. Polo, M.D.	Private and Hospital-Based Practice Santa Barbara, California

### *Short-tracked to Child & Adolescent Psychiatry in 2009:*

Deirdre Foster, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
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### Class of 2008

Ashley D. Bone, M.D.	Johns Hopkins Bayview Medical Center Director, Consultation-Liaison Psychiatry
S. Shane Konrad, M.D.	Columbia University Fellowship, Forensic Psychiatry
Jennifer M. Meuchel, M.D.	Johns Hopkins Hospital Attending, Community Psychiatry Program
Mireille M. Meyerhoefer, M.D., Ph.D.	Lehigh Valley Hospital Director, Neuropsychiatry Program Bethlehem, Pennsylvania
Patricia S. Roy, M.D.	Johns Hopkins Hospital Faculty, Mood Disorders

RESIDENTS

Stanislav Spivak, M.D.	Johns Hopkins Hospital Fellowship, Psychiatric Epidemiology and Attending, Community Psychiatry Program
D. Andrew Topkins, M.D.	Johns Hopkins Bayview Medical Center Fellowship, Substance Abuse and Attending, Community Psychiatry
Crystal C. Watkins, M.D., Ph.D.	Johns Hopkins Hospital Fellowship, Neuroimaging & Mood Disorders

***Short-tracked to Child & Adolescent Psychiatry in 2008:***

Marsha Austin, M.D.	Columbia University-New York Presbyterian Fellowship, Child & Adolescent Psychiatry
Candyce J. DeLoatch, D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
Patrick M. Kelly, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
Antoinette M. Valenti, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry

Class of 2007

Jason H. Addison, M.D.	Attending Psychiatrist, Sheppard Pratt Hospital, Baltimore, Maryland
Brian S. Appleby, M.D.	Johns Hopkins Hospital Fellowship, Geriatric Psychiatry
Emily A. Bost-Baxter, M.D.	Johns Hopkins Hospital Fellowship, Affective Disorders
Mina Brandes, M.D.	Outpatient Attending Psychiatrist, Sheppard Pratt Frederick, Maryland
Terri K. Crimmins-Tubb, M.D.	Maternity Leave, Geriatric Fellowship in 2008
Molly K. Cummings-Gavin, M.D.	Outpatient Private Practice Baltimore, Maryland
Ryan C.W. Hall, M.D.	Case Western Reserve University Fellowship, Forensic Psychiatry
Edward L. Kaftarian, M.D.	University of California at Davis Fellowship, Forensic Psychiatry
Cindy M.T. Le, M.D.	Psychiatry Faculty, University of California, San Francisco
Abby H. Morris, M.D.	Medical Director, Threshold Services & Outpatient Private Practice Silver Spring, Maryland
Frederick C. Nucifora, D.O., Ph.D.	Johns Hopkins Hospital Fellowship, Neurobiology

RESIDENTS

Bradley J. Sadler, M.D. Attending Psychiatrist & Medical Director, Sexual  
Medicine Consultation Service, Sheppard Pratt  
Hospital, Baltimore, Maryland  
Jennifer S. Teitelbaum, M.D. Johns Hopkins Hospital  
Fellowship, Affective Disorders

***Short-tracked to Child & Adolescent Psychiatry in 2007:***

Joseph M. Cocozzella, M.D. Johns Hopkins Hospital  
Fellowship, Child & Adolescent Psychiatry  
Charles T. Sweet, M.D. Austin Medical Education Programs  
Fellowship, Child & Adolescent Psychiatry  
Arman Taghizadeh, M.D. Johns Hopkins Hospital  
Fellowship, Child & Adolescent Psychiatry  
Cindy Y.K. Thygeson, M.D. Johns Hopkins Hospital  
Fellowship, Child & Adolescent Psychiatry  
Jason R. Yanofski, M.D. University of Texas-Southwestern  
Fellowship, Child & Adolescent Psychiatry

Class of 2006

Vinay Arya, M.D. Private and Hospital-Based Practice  
Monmouth, New Jersey  
Heather A. Bruce, M.D. Johns Hopkins Hospital  
Fellowship, Neuroscience Research  
Dimitry S. Davydow, M.D. Johns Hopkins Hospital  
Faculty, Psychosomatic Medicine  
Eve S. Fields, M.D. George Washington University  
Clinical Faculty  
Fernando S. Goes, M.D. Johns Hopkins Hospital  
Fellowship, Affective Disorders/Genetics  
Jennifer A. Hanner, M.D. Columbia University, New York  
Fellowship, Addiction Psychiatry  
Willis H. Hoyt, D.O. Outpatient and Inpatient Practice  
Fort Leonard Wood, Missouri  
Andrew R. Newberg, M.D. National Institute of Mental Health,  
Fellowship, Mood and Anxiety Disorders  
Gregory M. Pontone, M.D. Johns Hopkins Hospital  
Fellowship, Geriatric Psychiatry  
Alexander W. Thompson, M.D., MBA University of Washington, Seattle  
Fellowship, Primary Care-Psychiatry

***Short-tracked to Child & Adolescent Psychiatry in 2006:***

Sara M. Calvert, M.D. Columbia University-New York Presbyterian  
Fellowship, Child/Adolescent Psychiatry

RESIDENTS

Class of 2005

Katherine P. Buchowski, M.D., M.P.H.	St. Louis University Fellowship, Geriatric Psychiatry
Andy P. Casimir, M.D.	Attending Psychiatrist, New York Presbyterian Hospital, Westchester Division Westchester, New York
Ana N. Cervantes, M.D.	University of Maryland, Fellowship, Forensic Psychiatry
Niccolo D. Della Penna, M.D.	University of Chicago Faculty Consultation-Liaison Psychiatry
Lawrence H. Dubester, M.D., M.B.A.	Attending Psychiatrist, Franklin Square Hospital Baltimore, Maryland
Christopher J. Dull, M.D., J.D.	Attending Psychiatrist, Centerstone and Private Practice Nashville, Tennessee
Jess G. Fiedorowicz, M.D.	University of Iowa Fellowship, Mental Health Clinical Research
Lucas P. Kempf, M.D.	National Institute of Mental Health Fellowship, Genes, Cognition and Psychosis
Phillip D. Kronstein, M.D.	National Institute of Mental Health Fellowship, Mood and Anxiety Disorders
Milena H. Smith, M.D., Ph.D.	Johns Hopkins Hospital Faculty, Women's Mood Disorders Center and Private Practice, Annapolis, Maryland
Stacey V. M. Thompson, M.D.	Medical Director, Universal Counseling Services Baltimore, Maryland

***Short-tracked to Child & Adolescent Psychiatry in 2005:***

Elana Harris, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
Vanessa C. Howells, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
Denise Leung, M.D.	Columbia University Fellowship, Child & Adolescent Psychiatry

Class of 2004

Steven K. Chao, M.D., Ph.D.	Private Practice, Bethesda, Maryland
Michelle M. Chuen, M.D.	University of Maryland, Fellowship Psychosomatic Medicine
Anisa D. Cott, M.D.	Attending Psychiatrist, Sinai Hospital, Baltimore, Maryland
Kenneth J. Garcia, M.D.	Attending Psychiatrist, Samaritan Medical Center, Watertown, New York

RESIDENTS

Evelyn E. Hazlett, M.D.	Associate Chief of Psychiatry, Kaiser Permanente, Fremont, California
Scott A. Humphreys, M.D.	University of Colorado Fellowship, Forensic Psychiatry
Evan L. Jacobson, M.D.	Private Practice, Northern Virginia
Cheryl L. Person, M.D.	Johns Hopkins School of Public Health Fellowship, Psychiatric Epidemiology
Eric A. Samstad, M.D.	Private Practice, Baltimore, Maryland
Nicholas J. Schor, M.D.	Private Practice, Bethesda, Maryland
Matthew A. Schreiber, M.D., Ph.D.	University of California, San Francisco Fellowship, Animal Models of Anxiety Disorders
Anthony C. Tamburello, M.D.	University of Maryland, Fellowship, Forensic Psychiatry

***Short-tracked to Child & Adolescent Psychiatry in 2004:***

Kathleen M. Young, M.D.	New York Presbyterian Hospital (Columbia) Fellowship, Child & Adolescent Psychiatry
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Class of 2003

Jerry R. Ainsworth, M.D., Ph.D.	University of California, Los Angeles Fellowship, Forensic Psychiatry
Kamal H. Artin, M.D.	University of Southern California Faculty
R. Robert Auger, M.D.	Mayo Clinic Fellowship, Sleep Disorders
Azin E. Bekhrad, M.D.	Johns Hopkins Hospital Fellowship, Child & Adolescent Psychiatry
Christopher P. Carroll, M.D.	Johns Hopkins Bayview Medical Center Fellowship, Addictions Psychiatry
Melva I. Green, M.D.	Health Policy Fellowship W. K. Kellogg Foundation
William E. Kulka, M.D.	Private Practice, San Francisco, CA
Michelle R. Lofwall, M.D.	Johns Hopkins Bayview Medical Center Fellowship, Addictions Psychiatry
Evaristus A. Nwulia, M.D.	Johns Hopkins Hospital Fellowship, Psychiatric Genetics
Graham W. Redgrave, M.D.	Johns Hopkins Hospital Faculty, Eating Disorders
Thomas W. Sedlak, M.D., Ph.D.	Johns Hopkins Hospital Fellowship, Neuroscience
Boglarka Szabo, M.D.	Johns Hopkins Hospital Fellowship, Affective Disorders
Patrick T. Triplett, M.D.	Johns Hopkins Hospital Fellowship, Geriatric Psychiatry

RESIDENTS

Class of 2002

Rachel Becker, M.D.	Private Practice and Baltimore-Washington Psychoanalytic Institute
Michael Bunzel, M.D.	Faculty, Tel Hashomer/Sheba Hospital - Israel
Paul Cannistraro, M.D.	Massachusetts General Hospital Fellowship, Anxiety Disorders
Maciej Chodynicky, M.D.	Johns Hopkins Fellowship, Psychiatric Epidemiology
Jillian Evans, M.D.	Fairfax/INOVA Hospital Fellowship, Consult-Liaison
James Gallagher, M.D., J.D.	Private Practice, Lynchburg, Virginia
Allesa P. Jackson, M.D.	Johns Hopkins Faculty, Community Psychiatry
Diane A. Klein, M.D.	Columbia University Fellowship, Eating Disorders Research
Ellen Li, M.D.	University of Washington Fellowship, Geriatric Psychiatry
Tara C. Patterson, M.D.	University of Maryland Fellowship, Addiction Psychiatry
Fabian M. Saleh, M.D.	University of Massachusetts Fellowship, Forensic Psychiatry
Stephen L. Shopbell, M.D.	Private Practice, Oshkosh, Wisconsin

Class of 2001

Saadia Alizai, M.D.	University of Maryland Fellowship, Forensic Psychiatry
David Blass, M.D.	Johns Hopkins Fellowship, Geriatric Psychiatry
Susan Hobbs, M.D.	Private Practice, Baltimore, Maryland
Edward Kurz, M.D.	Private Practice, Ridgeway, Pennsylvania
Alan Langlieb, M.D., M.P.H.	Johns Hopkins Faculty, Mental Health Services
Ho-Chang Lee, M.D.	Johns Hopkins Fellowship, Epidemiology
Cynthia Major, M.D.	National Health Service Corps Psychiatrist, Maryland
Jennifer Payne, M.D.	NIMH Fellowship, Affective Disorders
Nicola Sater, M.D.	Private Practice, Baltimore, Maryland
Lisa Seyfried, M.D.	Johns Hopkins Fellowship, Affective Disorders
Thomas Sixbey, M.D.	Private Practice, Annapolis, Maryland
Ajay Wasan, M.D.	Brigham and Women's Hospital (Boston) Fellowship, Anesthesia/Chronic Pain

Class of 2000

Peter Betz, M.D.	Johns Hopkins Fellowship, Geriatric Psychiatry
Thomas Brashers-Krug, M.D.	Johns Hopkins Faculty, Schizophrenia, Neuroimaging
James Ethier, M.D.	Johns Hopkins/University of Maryland Fellowship, Substance Abuse
Adam Kaplin, M.D., Ph.D.	Johns Hopkins Fellowship, Neuroscience
Chiadi Onyike, M.D.	Johns Hopkins Fellowship, Epidemiology
Sarah Reading, M.D.	Johns Hopkins Fellowship, Neuroimaging

RESIDENTS

Daniel Sussman, M.D., M.B.A. Public Psychiatry, Kentucky  
 Carol Lynn Trippitelli, M.D. Faculty, St. Joseph's Hospital,  
 Eating Disorders, Baltimore, Maryland  
 Leslie Walker, M.D. Private Practice, Baltimore, Maryland  
 Nancy Younan, M.D. Private Practice, Washington, D.C.

***Short-tracked to Child & Adolescent Psychiatry in 2000:***

Rex Taber, M.D. Johns Hopkins Fellowship, Child/Adolescent Psychiatry

Class of 1999

Nicola Cascella, M.D. Johns Hopkins Faculty, Schizophrenia,  
 Community Psychiatry, Neuroimaging  
 Todd Cox, M.D. Johns Hopkins Faculty, Medicine-Psychiatry,  
 Associate Residency Director  
 Jerrold Gray, M.D. Private Practice, Columbus, Ohio  
 Jeffrey Hsu, M.D. Johns Hopkins Faculty, Motivated Behaviors,  
 Adolescent Addictions  
 Gary Lebendiger, M.D. Private Practice, Atlanta, Georgia  
 Paul Molinar, M.D., J.D. Sheppard and Enoch Pratt Hospital Faculty  
 Tahir Rahman, M.D. Private Practice, Kansas City, Kansas  
 Vani Rao, M.D. Johns Hopkins Fellowship, Neuropsychiatry  
 Irving Reti, M.B.B.S. Johns Hopkins Fellowship, Neuroscience Research  
 Vell Rives, M.D. Private Practice, Washington, DC  
 Priscilla Cost, M.D., Ph.D. Private Practice, Baltimore, Maryland

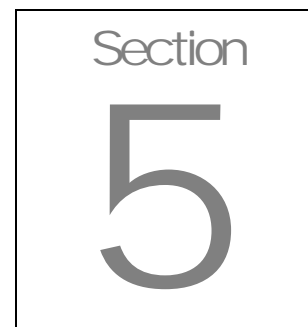
Class of 1998

Susan Bailey, M.D. National Health Corps Psychiatrist, Maine  
 Alisa Busch, M.D. Harvard Fellowship, Psychiatry Public Policy  
 Jill Carlson, M.D. Johns Hopkins Fellowship,  
 Child & Adolescent Psychiatry  
 Anthony Drobnick, M.D. Johns Hopkins Faculty, Affective Disorders  
 Caroline DuPont, M.D. Private Practice, Washington, DC  
 David Gotlib, M.D. Johns Hopkins Fellowship,  
 Child & Adolescent Psychiatry  
 Benita Handa, M.D. Sheppard and Enoch Pratt Hospital Faculty  
 Sharon Handel, M.D. Johns Hopkins Fellowship, Geriatric Psychiatry  
 Angela Kim, M.D. University of Maryland/Hopkins Fellowship,  
 Forensic Psychiatry  
 Lisa Kim, M.D. Johns Hopkins Bayview Faculty, Geriatric Psychiatry  
 James Potash, M.D., M.P.H. Johns Hopkins Faculty, Affective Disorders,  
 Emergency Psychiatry

RESIDENTS

Class of 1997

Andrew Angelino, M.D.	University of Colorado Faculty
William Belfar, M.D.	Albert Einstein Fellowship, Forensic Psychiatry
Gregory Creager, M.D.	Private Practice, Houston, Texas
Leigh Ellison, M.D.	Johns Hopkins Faculty, Eating & Weight Disorders
Phillip Grob, M.D.	University of Maryland Fellowship, Geriatric Psychiatry
Elizabeth Kastelic, M.D.	University of Pittsburgh Fellowship, Child & Adolescent Psychiatry
Young Lee, M.D.	Private Practice, Northern Virginia
Robert Morrison, M.D., Ph.D.	Private Practice, Baltimore, Maryland
Paul Rivkin, M.D.	Johns Hopkins Fellowship, Neuroimaging
Aliya Sayeed, M.D.	Columbia University Fellowship, Public Psychiatry
Michael Shepherd, M.D.	University of Virginia Fellowship, Geriatric Psychiatry
Mark Winfrey, M.D.	Colorado State Hospital Faculty



## Facts and Figures

### History and Tradition

- The Johns Hopkins Hospital (established in 1889) and the Johns Hopkins School of Medicine (established in 1893) are the founding institutions of modern American medicine and are the birthplace of numerous traditions including “rounds,” “residents” and “housestaff”
- After reading Clifford Beers’s description of his own mental illness, [A Mind that Found Itself](#), William Henry Welch (Dean of the Johns Hopkins medical faculty) ordered the creation of a Hopkins affiliated psychiatric institute in 1908
- Through the endowment of the philanthropist Henry Phipps, the Henry Phipps Psychiatric Clinic of The Johns Hopkins Hospital was founded in 1908, the first academic psychiatry department in America
- Hopkins psychiatry residents are known as the “Phipps Residents,” honoring the department’s original benefactor
- Adolf Meyer was the first professor of psychiatry at the Johns Hopkins Hospital and is considered the father of American psychiatry
- The subspecialty of Child Psychiatry was founded at Johns Hopkins by Leo Kanner, M.D., the author of the first textbook in the field and the first to describe autism

## Rankings

- The Johns Hopkins Hospital has been ranked as the #1 hospital in the country by US News and World Report for the past nineteen years
- In the same rankings, the Johns Hopkins Department of Psychiatry has been consistently among the top 5, ranking #2 in 2007, 2008, and 2009
- The department also consistently ranks nationally among the top departments in psychiatry research federal funded by the National Institutes of Health

## Fellowship Opportunities

- Fellowship opportunities in the department include Child and Adolescent Psychiatry, Geriatric Psychiatry, Neuropsychiatry, Neuroimaging, Affective Disorders, Substance Abuse, Public/Community Psychiatry along with numerous research fellowships. Our department has a strong relationship with the Maryland Forensic Psychiatry Program. Additional fellowship options exist through the School of Public Health and Hygiene (particularly the Department of Mental Health).
- A detailed description of the fellowships sponsored by the department can be found on the departmental web site at:

**<http://www.hopkinsmedicine.org/psychiatry/education/fellowships/index.html>**

## The Faculty

- There are over 200 full-time faculty within the Department of Psychiatry; many have joint appointments in other departments (e.g. Medicine, Neurology, Pediatrics) and in the School of Public Health.
- There are 175 part-time faculty of the department who are available to serve as additional supervisors and mentors for residents
- All full-time psychiatrists on the faculty are involved in clinical work and research as there are no separate “research,” “clinical,” or “teaching” faculty
- All full-time M.D. faculty (from the most junior to the most senior) attend for part of the year on the inpatient wards

## Salary and Benefits

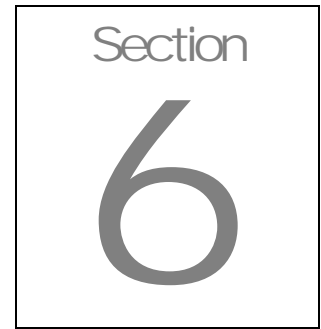
- Annual Housestaff Salary for the 2009-2010 Academic Year

PGY I	\$ 45,973
PGY II	\$ 48,186
PGY III	\$ 50,204
PGY IV	\$ 52,412

- Maryland License fees and renewals are paid for by the department
- Vacations: PGY I year - two 2 week vacations (one per semester)  
PGY II, III, IV years - four 1 week vacations
- Benefits include health insurance, disability insurance, dental insurance, life insurance, uniforms, retirement fund contributions, and meals on call.
- More information about the resident contract, benefits, and Johns Hopkins Graduate Medical Education policies can be found at the link below.

<http://www.hopkinsmedicine.org/som/gme/GMEC/policies/index.html>





## Hopkins and Baltimore

### The Johns Hopkins Hospital

The Johns Hopkins Hospital was opened in 1889, the gift of Quaker merchant Johns Hopkins, who made his fortune in Baltimore and whose vision it was to unite in a single enterprise a threefold mission: to produce superior physicians, to seek new knowledge for the advancement of medicine, and to administer the finest patient care. William Osler held the appointment as the first physician-in-chief of the Hospital. In addition, William S. Halsted was appointed as surgeon-in-chief, William H. Welch as the first professor of pathology, and Howard A. Kelly as professor of obstetrics and gynecology. These were “The Four Doctors” immortalized in Sir John Singer Sargent’s famous painting, and together they ushered in a the modern era of medical education, research, and comprehensive patient care.

The “Hopkins Experiment,” moving students and residents from the laboratory to the lecture hall to the patient’s bedside, changed the pattern of medical education in the United States and had a tremendously positive impact on patient care. Within two decades, the Hospital and the School of Medicine (established in 1893) were models of medical and surgical care for the nation. This distinction remains intact after 100 years.

Two of the most far-reaching advances in medicine during the last 20 years were made at Hopkins. The Nobel Prize-winning discovery of restriction enzymes gave birth to the genetic engineering industry and can be compared, some say, to the first splitting of an atom. In addition, the discovery of the brain’s natural opiates has triggered an explosion of interest in neurotransmitter pathways and functions. Other significant accomplishments include the discovery of Vitamin D, the identification of the three types of polio virus, the development of closed-chest heart massage, and the first “blue baby” operation, which opened the way to modern heart surgery. Hopkins was the birthplace of many medical specialties, including neurosurgery, urology, endocrinology, pediatrics, academic psychiatry, and child psychiatry.

Today the Johns Hopkins Medical Institutions include state-of-the-art inpatient and outpatient facilities and research laboratories. The Johns Hopkins Hospital has over 1,000 beds, of which 101 belong to the Adult and Child Psychiatric Services. The Department of Psychiatry provides general and subspecialty psychiatric care in its home, the Meyer Building, as well as throughout the general hospital and clinics.

## Baltimore

Baltimore offers a unique blend of historic charm, ethnic heritage, and urban vitality. From the dynamic Inner Harbor to the rolling estates on the edges of the city, Baltimore is a community for people of all backgrounds and interests.

The Inner Harbor is the centerpiece of the city's renaissance featuring a variety of shops, food stands, and restaurants. The National Aquarium, the Maryland Science Center, the U.S.F. Constellation, Camden Yards, and the Baltimore Maritime Museum are but a few of the numerous Inner Harbor attractions available for tourists and locals alike.

Fort McHenry, birthplace of "The Star Spangled Banner," offers a glimpse of Baltimore's past, as do the B&O Museum (celebrating the inception of the railroad), the Maryland Historical Society, the Peale Museum and Carroll Mansion. Visits to the homes of Edgar Allen Poe, Babe Ruth and H.L. Mencken provide a look into the lives of some of Baltimore's most famous citizens.

Baltimore offers a diverse and lively cultural scene. The Meyerhoff Symphony Hall is home of the world renowned Baltimore Symphony Orchestra. The elegant Lyric Opera House, the Peabody Conservatory and the outdoor stages of Merriweather Post Pavilion, Pier 6 and Oregon Ridge play host to every musical taste from classical and jazz to country and rock. Theater-lovers are blessed with numerous outlets including the Hippodrome Theater, Centre Stage, Theater Project and Everyman Theater. The Walters Art Gallery and the Baltimore Museum of Art offer remarkable permanent collections and host prominent traveling exhibits.

Sports fans will find the Baltimore/Washington area an exciting place to call home. The Baltimore Orioles and Ravens serve as the backbone of a proud sports' tradition which also includes professional soccer and lacrosse. College sports also thrive in the "Charm City" and include powerhouses such as Hopkins lacrosse and Maryland basketball. The entire Baltimore community looks forward to annual sporting events such as the Governor's Cup yacht race and the Preakness (second jewel in the Triple Crown of horse racing).

## Baltimore Neighborhoods

Part of Baltimore's charm is the "small town" atmosphere found in its diverse neighborhoods. The following outlines the most popular locations our residents call home:

Fell's Point - A historic waterfront area, home to over 350 original colonial period buildings including the oldest house in Baltimore (now a museum). The area remains an attraction for all ages, with numerous pubs, boutiques, antique shops, and restaurants. Enjoy a pleasant daytime stroll, or join the busy nightlife on weekends- 5 minutes from Johns Hopkins Hospital

Canton - A recently developed waterfront area adjacent to Fell's Point; with numerous clubs, bars, boutiques, restaurants, and dessert spots. It is an area attracting young professionals for an exciting nightlife, or a relaxing Sunday brunch- 10 minutes from Johns Hopkins Hospital.

Mt. Vernon – This is the geographic and cultural center of the city with fine shops, galleries, relaxing parks, fountains, statues, and gardens. A 178 foot monument of our first president dominates this area. Fashionable apartments and ornate townhomes make it a popular place to live- 10 minutes from Johns Hopkins Hospital.

Federal Hill – This area near the Inner Harbor is growing rapidly. Part of it remains an old-town colonial community with elegant rowhouses. Growing along the harbor are lavish condominiums, and townhomes. With historically charming bars, shops, jewelry stores, and restaurants, the area is perfect for an afternoon ramble. The bustling nightlife attracts young professionals and sports fans to the neighborhood bars. Cross Street Market is centrally located, a place for sports fans, seafood lovers, and friendly neighbors to gather- 15 minutes from Johns Hopkins Hospital

Bolton Hill - A quaint, beautiful residential neighborhood with elegant townhomes and brick sidewalks. An air of art, style and class surround the centrally situated Maryland Institute College of Art- 10 minutes from Johns Hopkins Hospital.

Charles Village/Hamden - A young collegiate atmosphere in a residential neighborhood adjacent to the Johns Hopkins undergraduate campus and the Baltimore Zoo. The eclectic and artistic ambience features a wide range of vintage clothing stores, thrift shops, and used furniture stores- 15 minutes from Johns Hopkins Hospital.

Roland Park/Guilford - A beautiful suburban residential area with many single-family homes. It is an affluent peaceful area remote from the bustling city life- 15 minutes from Johns Hopkins Hospital.

Mt. Washington - A quaint, suburban feel; lush natural surroundings with many trees, greenery and parks. Young and retired professionals enjoy the coffee shops, wine markets, and fine restaurants- 20 minutes from Johns Hopkins Hospital.

### Surrounding Baltimore

Baltimore enjoys a central position on the East Coast. AMTRAK services Baltimore at the newly renovated Penn Station, five minutes from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30 minute trip), Philadelphia (1.5 hour trip), and New York City (2.5 hour trip). The Baltimore-Washington International Airport (BWI) is 15 - 20 minutes from the city and offers a full range of national and international flights daily. Washington D.C. with its myriad of historical and cultural attractions is about a 45 minute drive from Baltimore. In addition to the Smithsonian, including the Air and Space Museum, the Museum of American History, and the National Gallery of Art, Washington offers a wide variety of restaurants, specialty shops, and bookstores.

Historic Annapolis, the state capital and home of the United States Naval Academy is a town for architecture buffs, boaters and seafood lovers. Only 30 minutes from Baltimore, it offers beautifully preserved 18<sup>th</sup>-century mansions and historic landmarks along with harbor cruises, sailing schools, antique shops and restaurants.

The Chesapeake Bay, bountiful with seafood including Baltimore's favorite oysters and blue crabs, offers swimming, sailing, motorboating, and fishing. Along the Eastern Shore, flat terrain dotted with country towns and fishing villages makes for delightful bicycling and sight-seeing. The beaches of Ocean City, Maryland and Rehoboth, Delaware are easy day trips from Baltimore. Assateague Island, Virginia, also a day trip from Baltimore, is a seashore wildlife preserve where campers can view pelicans, herons and wild ponies roaming free.

The state parks of Western Maryland, between the Blue Ridge and Allegheny Mountains, are the spot for hikers and campers. Deep Creek Lake, a year-round resort, offers a variety of water sports in the summer and skiing, both downhill and cross-country, in winter at nearby Wisp Resort. The C&O Canal, which extends from Cumberland in Western Maryland to Washington D.C., offers picnicking, fishing, and horseback-riding. Canoeing and rafting are especially popular along the canal and on the white water of the Potomac and Youghiogheny rivers.