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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 University aims 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 that 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.

Graham W. Redgrave, MD  
Director for Residency Education

Anne E. Ruble, MD, MPH  
Associate Director for Residency Education

John R. Lipsey, MD  
Assistant Director for Residency Education
APPLICATION PROCESS

Applications for ten PGY1 main residency positions, one pediatrics intern year position, and three PGY2 positions are accepted via ERAS (Electronic Residency Application Service, www.aamc.org/services/eras).

RESIDENT CONTRACT AND POLICIES

Information about resident contracts, benefits, and Johns Hopkins Graduate Medical Education Policies for Interns and Residents can be found on the Graduate Medical Education website. 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://gme.med.jhmi.edu/fellows/gmec-contracts-policies/.

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 Accreditation Council on Graduate Medical Education’s Residency Review Committee for Psychiatry to provide four years of training.
The mission of the Johns Hopkins Psychiatry Residency is to foster trainees’ clinical excellence, leadership, and scholarship. Graduates of the program work in every clinical practice setting and lead clinical and research teams nationwide. We approach training systematically by combining closely-supervised intensive clinical experiences in multiple settings with a comprehensive didactic program. Experiences are aligned with the healthcare 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. Mentorship and elective experiences beginning in the PGY1 year and continuing throughout training provide residents with the opportunity to explore specific areas for professional development and master a topic area more deeply.

Our ultimate goals are to open the field of psychiatry to our residents and to help them become both broad-minded and critical thinkers. In order to reach these goals, there are specific objectives for each year, from the PGY1 to PGY4 year. This Prospectus outlines the objectives for each year of residency and the clinical and didactic curricula aimed to help residents reach those objectives.

**PGY1 Year: Goals & Objectives**

The goals of the first year of residency are integrative and introductory: to provide a foundation in Internal Medicine and Neurology, as well as to provide supervised responsibility for assessing and treating a diverse population of psychiatric inpatients on a general service and a dual diagnosis service.

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

- manage acute and subacute medical and neurological conditions in the inpatient setting
- apply methods of patient assessment and formulation
- understand broad categories of psychiatric illness and implications for treatment and prognosis for a variety of psychiatric patients
- appreciate the milieu concept of inpatient psychiatric services
- understand the responsibilities and roles of other mental health practitioners integrated in team treatment of patients
- understand at a basic level the multiple treatment modalities - psychological, pharmacological, physical, and rehabilitative - employed with psychiatric patients
PGY2 YEAR: GOALS & OBJECTIVES

The goals of the second year are to build on the developed capacities of the first year and to introduce more advanced psychiatric knowledge and methods of assessment and treatment. These goals are achieved by close supervision of residents on a variety of inpatient and partial hospital services. Residents are introduced to the full continuum of care by beginning their own office-based outpatient practice under supervision. These broad, patient-centered experiences are amplified by a didactic program of lectures in psychiatric assessment, treatment, and research.

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

- 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, frequent complicating medical and surgical problems, and forensic issues that may affect treatment
- comprehensive understanding of the psychological, pharmacological, and physical treatments involved in the care of the seriously mentally ill
- capacity to assume a leadership role on the treatment team in an inpatient milieu
- experience with behaviorally oriented treatment plans for eating disorders and addictions
- introductory knowledge of subspecialty psychiatry gained through experience on specialty services such as affective disorders, geriatrics, child psychiatry, schizophrenia, chronic pain, substance abuse disorders, and eating disorders
- experience in assessing and managing the family’s role in patients’ illness and recovery
- experience providing both time-limited, symptom-focused and long-term, insight-oriented psychotherapy, under close supervision, in the residents’ ambulatory clinic
- understanding of the vertical integration of clinical practice, incorporating outpatient, partial hospital, and inpatient treatment settings

PGY3 YEAR: GOALS & OBJECTIVES

The goal of this year is to promote residents’ development toward independence by providing intensive outpatient and general hospital experiences. In the outpatient setting, residents acquire competencies in more complex, subspecialty outpatient clinics where they are supervised by experts in the assessment and treatment of a variety of disorders, including chronic schizophrenia, affective disorders, anxiety disorders, drug and alcohol disorders, forensic issues, and sexual disorders. A significant exposure to community-based psychiatry is provided, including rehabilitative and outreach services.

In the general hospital psychiatry rotations, residents provide psychiatric consultation, both in the emergency department and general hospital inpatient wards. Residents often take the lead in communicating with those seeking consultation, and this role enhances residents’ confidence in assessment, stabilization, and referral of the most acutely ill, complex cases.
We expect that by the end of this year residents will have acquired:

- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, specifically in affective, anxiety, schizophrenia, family, couples, and sex & gender clinics
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to 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
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary-care team in assessing and treating ambulatory medical patients
- supervised experience in forensic psychiatry evaluating defendants in the Baltimore court system and engaging in forensic psychiatry journal club

**PGY4 Year: Goals & Objectives**

The goals of this year are those of completion and depth. Residents enhance mastery of providing a continuum of care by rotating in a community psychiatry intensive outpatient program and more advanced psychiatric specialty clinics. Residents also design and participate in a variety of elective experiences, the aims of which may include demonstrating how knowledge advances through research, leadership experience through sub-attending, and developing advanced clinical experience in a psychiatric subspecialty, among others. In addition, residents develop communication and teaching skills by presenting their elective work to co-residents and faculty. Finally, an appreciation for the more nuanced aspects of psychotherapy, health-care systems and policy, career building, and administrative psychiatry is achieved through a weekly year-long seminar which is led by the department director and other senior faculty.

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

- thorough competence in child and family assessment
- advanced understanding of an elected subspecialty of psychiatry through close faculty mentoring and presentation of scholarly work in that subspecialty
- understanding of the changing health care environment and of the competencies necessary for success in clinical practice and in other professional leadership roles
- confidence in office-based psychiatric practice, including long-term psychotherapy
- appreciation of rational approaches to administrative decisions within a system of psychiatric services in the contemporary challenging era for health care
PROGRAM OVERVIEW

FOSTERING SCHOLARSHIP, LEADERSHIP, CLINICAL EXCELLENCE: THE TRACKS PROGRAM

For several years, the program directors and departmental leadership have recognized the need for guiding residents’ professional growth to meet the changing clinical, research, and leadership environments after residency. The new track system, inaugurated in July 2018, is intended to do just that: enrich academic training and opportunity across the residency through more formalized mentoring, focused didactics, and dedicated time for elective experiences. Much like undergraduate majors, in their first two years, residents may choose track activities from more than one track. By their PGY3 year, residents will be encouraged to choose a mentor from a particular track and focus on exploring a particular topic area in greater depth. The four tracks reflect the richness of resources for clinical care, training and research at Johns Hopkins: child & adolescent psychiatry, clinician-educator, public mental health track and research. The following is a summary of each of the tracks:

Child & Adolescent Psychiatry Track

The child & adolescent psychiatry (CAP) track is designed to enhance training for those residents who are interested in working with children, adolescents, and families. In addition to those residents planning to enter a CAP fellowship following general psychiatry training, this track is also intended for those who plan to work with adolescents and/or transitional-age youth and those who desire a better understanding of how early life experiences and developmental factors can contribute to lifelong psychopathology. Housed within the Division of Child & Adolescent Psychiatry, the first of its kind in the country, the program involves faculty members from Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Kennedy Krieger Institute, and Bloomberg School of Public Health. Directed by Dr. Esther Lee, Program Director for the Johns Hopkins Child and Adolescent Psychiatry fellowship, and Dr. Hal Kronsberg, residents will have the opportunity to work closely with divisional faculty, fellows, and staff members in areas such as mood disorders, early psychosis, childhood trauma, disruptive disorders, developmental neuroscience, autism spectrum disorders, pediatric psychopharmacology, genetics, neuroimaging, and school-based programs. The CAP track offers research, public health, and clinician-educator experiences beginning in the PGY1 year, with residents being paired with identified mentors in order to engage in a CAP-related experience designed to augment their clinical and professional development. After the PGY3 year, residents in the CAP track will have the option to either fast-track into a fellowship program or complete a PGY4 year.

Rotations:
- PGY1 year: Residents will be able to choose to spend a rotation block at the JHH/KKI and/or Bayview. The purpose of this rotation is to gain familiarity with the division’s faculty members, clinical services provided, as well as the division’s many research endeavors. This experience will allow each participating resident to consider which area(s) are of greatest interest. Each resident will attend divisional activities during their rotation, including weekly conferences and fellowship didactics, and meet with the track director to discuss potential projects and/or activities of interest.
- PGY2/PGY3 years: Residents can choose an emphasis in one of three areas: clinician-educator, research, or public health. With the guidance of the identified project mentor and track director, each resident will be able to identify clinical or research experiences that will make up their track experience.
• PGY4 year: Activities will be determined on a case-by-case basis for those residents who choose not to fast-track into a CAP fellowship.

Track Activities:
• Didactics: Residents will be assigned guided readings and will attend didactics with clinical fellows
• Conferences: Residents will have the opportunity to attend divisional conferences, journal clubs, research meetings, and department Grand Rounds
• Scholarly activity will be encouraged of each CAP track participant and will be coordinated with the identified mentor. Examples of scholarly work include:
  o Divisional presentation on a CAP-related
  o Poster presentation at a state/national conference
  o Publication in a peer-reviewed journal
  o Creation of a CAP-related curriculum
• Mentoring by faculty members and clinical fellows in such activities as clinical care, clinical research, laboratory research (including developmental neuroscience), educational research, and/or quality improvement projects

Track Goals:
• Greater familiarity with childhood psychopathology and psychopharmacology, normal development, developmental neurosciences, family and community systems, psychotherapy, and other nonpharmacological interventions
• Clinical experience interviewing and working with children, adolescents, and families
• Mentorship from an experienced project mentor and expert in the field
• Additional career guidance and advising from the track director and clinical fellows.
• Scholarly activity and career development in the CAP field.

Clinician-Educator Track

The focus of the clinician educator track is to develop advanced research and clinical skills so that residents can engage in scholarly work assessing the effectiveness of clinical programs, participate in clinical trials and other clinical research, develop and evaluate educational programs, and develop advanced clinical skills. Through mentored projects, residents will have the opportunity to work closely with faculty engaged in clinical research, quality assurance projects, educational research, and exemplary clinical care.

Rotations during the four years of residency will initially expose residents to the types of scholarly work in this area with the goal of identifying projects of interest in appropriate mentors. During the PGY1 and PGY2 years, there will be an emphasis on rotating with different groups of potential mentors so the residents have a sense of the scope of potential projects available. The PGY3 year will have a focus of developing a specific project and set of rotations for the elective time during PGY4 year.

The following are examples of potential projects:
• Assessment of a cognitive behavioral therapy intervention targeting insomnia at a residential substance abuse treatment program
Program Overview

- Assessment of quality initiatives to improve communication in the emergency department among residents and other staff
- Clinical interventions to improve outcomes in patients with Parkinson’s disease and comorbid psychiatric disorders
- Evaluation of effectiveness of a school-based depression education curriculum
- Assessment of effectiveness of ECT and TMS brain stimulation techniques
- A clinical trial to evaluate the effectiveness of thiamine in treatment of Wernicke-Korsakoff syndrome
- Comprehensive review of a clinical topic or treatment for a chapter or review paper
- Development and evaluation of educational curricula for medical students and residents
- Assessment of psychotherapy interventions and clinical outcomes
- Evaluating Feedback-Informed-Therapy among psychiatry residents, working with a multidisciplinary clinical and research team

In addition to scholarly work, many residents in this track will choose to do advanced clinical electives such as a sub attending rotation on one of the specialty units. These are routinely done on the eating disorders, geriatrics, mood disorders, and pain services. The goals of a sub attending rotation will include development of leadership skills as well as advanced clinical skills. Optimally, residents will combine advanced clinical training in an area of interest with a scholarly project related to their particular clinical interest.

Public Mental Health Track

The public mental health/mental health services track is designed to support and grow the interests of residents who see themselves eventually working in mental health services research, community and non-traditional settings (including integrated care), population health, and global mental health. Public mental health has historically been seen as focusing on community and institutional-based services for individuals with serious mental illness, but now encompasses a much larger area of work including the prevention of mental health problems, the promotion of mental wellness, and the role of the mental health care system in addressing racial, ethnic, and gender disparities and injustice.
Faculty involved in the track represent both the Department of Psychiatry in the School of Medicine and the Department of Mental Health in the School of Public Health. A partial list with particular faculty interests is attached below.

The overall goal of the tracks is to increase time for “scholarly activity” within the resident’s area of interest. The definition of “scholarly” is broad (same as for faculty) and implies at least a) awareness of and use of the relevant literature; b) ways of contributing to generalizable knowledge relevant to the field (so including research on mechanisms or outcomes, issues in training, issues in the measurement and improvement of the quality of care).

Track activities might include:
- Didactics (guided readings, seminars, possibly attendance at courses or meetings)
- Exposure to particular clinical or related settings/activities (but aimed more at understanding how and why they work versus clinical service)
- Opportunities to be involved with scholarly activity
- Mentoring
This would evolve over four years with in the first year two 2-week “scholarship blocks” plus maybe one “rounds” a month (or could be journal club) plus meeting with track faculty. Residents committing to the track will also be able to participate in a multi-year series of guided readings and attendance at “lab” meetings and seminars. Topics include:

- Population versus clinical approaches to mental health
- Financing mental health care and the social safety net in the US
- The social determinants of mental health
- Some core concepts in health services research
- Organizational culture and climate
- The mental health workforce
- Integrated and collaborative care
- Systems of care and case management
- Support for families of children with serious mental disorders
- Support for adults with serious mental disorders
- A global mental health perspective
- Advocacy

In addition, a number of clinical and agency rotations will be possible, with an emphasis on gaining both clinical expertise and understanding the evidence base for the interventions provided, their role in the mental health care system, and key evaluation and research questions related to the service. Track residents will also have the opportunity to develop individual research or quality improvement projects and join existing projects. Guidance will be provided for those thinking about subsequent career steps and the pursuit of further training.

**Research Track**

**Research at Johns Hopkins**

The Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine has an international reputation for its outstanding research programs. Johns Hopkins Psychiatry faculty members are world leaders in many research areas. The department’s research programs are broad and diverse and universally encourage resident participation.

Areas of emphasis in clinical research include mood disorders, schizophrenia, anxiety disorders, eating disorders, chronic pain, substance abuse, geriatric, and neuropsychiatry. These are approached from multiple perspectives including psychiatric genetics, psychiatric epidemiology, neuroimaging, psychopharmacology, and outcomes research. Basic research programs in neurobiology, behavioral neuroscience, behavioral biology, genetics, substance abuse, and molecular psychiatry focus on understanding the multiplicity of biological and behavioral factors underlying psychiatric disorders.

A complete description of the ongoing research programs in the department can be found on the research website: www.hopkinsmedicine.org/psychiatry/research.
Research Track

Our new research track is designed to train future leaders of psychiatry research. The Directors are Christopher Ross MD PhD, Kellie Tamashiro PhD and Russell Margolis MD, all very experienced researchers and teachers. The program will integrate closely with programs at the Lieber Institute for Brain Development, Kennedy-Krieger Institute, Bloomberg School of Public Heath, Solomon H. Snyder Department of Neuroscience, and other world-leading Institutes and Programs at Johns Hopkins. The program will also integrate closely with the Clinician-Educator track and the Public Health track. The program combines research experience at the emerging interface of neuroscience and psychiatry with focused didactic material.

Track Activities

During the PGY1 year, residents will meet prospective mentors, do background reading, and consider possible research rotations and research projects.

During the PGY2 year, residents may do rotations in order to sample different kinds of research (or can begin a project with one mentor, if a research interest is already firmly established).

During the PGY3 year, residents will write a brief proposal, guided by their research mentor, and present it during the Core Research Seminar (see below). Depending on the interests of the resident, this could be for basic science laboratory work, clinical research, data analysis, or other projects, and could be done in tandem with the Clinician-Educator track or the Public Health track. The expectation is that the proposal will include a focused research question, appropriate research methodology, and sufficient preliminary data to demonstrate that the resident could pursue a project likely to result in a publishable body of work.

During the PGY4 year, the program will provide research residents the time, support, and mentorship to conduct a serious research project with publishable results. Research residents will present their work at the Core Research Seminar, and at the Psychiatry Department Research Potpourri, providing an opportunity for them to receive faculty and peer critiques of their work. The expectation is that research residents will then present their work at national meetings, and ultimately publish their work as first authors. Drs. Ross, Margolis, and Tamashiro will coordinate the research rotations and projects. For residents doing their research at the Lieber Institute, Dr. Weinberger will also provide supervision.

As can be seen from the research interests of the faculty, residents can pursue a wide variety of projects. We believe we offer an outstanding set of mentors, each at the forefront of their respective areas of interest, and capable of fostering novel and creative research projects. Our concept of research is broad. It can include laboratory-bench-based experiments, brain imaging, genetic data analysis, clinical trials, or other kinds of clinical research (though public health, child or education-related topics would best be pursued as part of those tracks). Residents can join an ongoing project in a mentor’s program. Alternatively, residents will be encouraged to develop new topics with their mentors.

Didactics

The monthly Core Research Seminar is a combination of a content-based seminar, a presentation skills training opportunity, and ongoing instruction in Responsible Conduct of Research. It will include the PGY2-4 research
track residents, the T32 fellows, and other selected fellows, especially graduates of the residency program (who are pursuing other fellowships or who are junior faculty members). It will occur on the fourth Friday of every month from 10 AM to noon. The Core Research Seminar will include a yearly presentation by each trainee of their work, with a critique by other trainees and faculty focused on both scientific content (including issues of responsible conduct of research that pertain to high quality science) and presentation style.

At the end of the program, graduates will have the option to enter one of the T32 fellowship programs in the department, including the program co-directed by Dr. Ross and Dr. Weinberger. Support will also be available for K-award applications and other career development awards. The goal will be a seamless transition to a successful independent research career.

Mentorship

Each resident will have two mentors – a “Career Development Mentor,” usually one of the Core Mentors, and a topic mentor for each research rotation and for the final project. The goal will be to provide both excellent ongoing research training and supervision, and also objective and long-term guidance and planning.
# JOHN'S HOPKINS PSYCHIATRY ROTATIONS – 2019-2020

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<thead>
<tr>
<th>PGY I - Bayview (10 positions)</th>
<th>Johns Hopkins Bayview Medical Center</th>
<th>Johns Hopkins Hospital</th>
<th>PGY I - Pediatrics (1 position)</th>
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<td></td>
<td>Internal Medicine</td>
<td>Neurology</td>
<td>Inpatient Psychiatry</td>
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<td></td>
<td>(6 Months)</td>
<td>(2 Months)</td>
<td>(3 Months)</td>
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<td></td>
<td>4 months Inpatient Wards</td>
<td>Inpatient and</td>
<td>Community Psychiatry Service,</td>
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<td>Consultation Services</td>
<td>Dual Diagnosis Service</td>
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<td>2 weeks Cardiac Intensive Care Unit</td>
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<td></td>
<td>2 weeks Medical Intensive Care Unit</td>
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<td>Pediatrics</td>
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<td>Pediatric Neurology</td>
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<td>(10 Months)</td>
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<td>(1 Month)</td>
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<td></td>
<td>Wards, PICU, Adolescent Medicine</td>
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<td>Inpatient Service</td>
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## Johns Hopkins Hospital

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<thead>
<tr>
<th>PGY II</th>
<th>Meyer 3 Inpatient (2 Months) Motivated Behaviors, Short-stay Community Psychiatry</th>
<th>Meyer 4 Inpatient (3 Months) Eating Disorders*, Adult Affective Disorders, Young Adult &amp; Adolescent Affective Disorders</th>
<th>Meyer 5 Inpatient (3 Months) General Psychiatry Service, Schizophrenia Service</th>
<th>Meyer 6 Inpatient (2 Months) Geriatric Psychiatry, Chronic Pain Center*</th>
<th>Child &amp; Adolescent (1 Month)</th>
<th>Track Electives (2 Months)</th>
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Residents’ Outpatient Continuity Clinic (½ day per week)

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<thead>
<tr>
<th>PGY III</th>
<th>Emergency Psychiatry (1 Month)</th>
<th>Consultation-Liaison (2 Months)</th>
<th>Track Elective (1 Month)</th>
<th>Outpatient Department Rotation (8 Months) Community Psychiatry Clinic, Family and Couples Therapy Clinic, Anxiety Clinic, Women’s Mood Disorders Clinic, Sex and Gender Clinic, Schizophrenia Clinic, Forensics, Psychodynamic Psychotherapy Supervision, HIV Psychiatry Clinic, Mobile Treatment</th>
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Residents’ Outpatient Continuity Clinic (½ day per week) Longitudinal Track Activity (½ day per week)

<table>
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<tr>
<th>PGY IV</th>
<th>Outpatient Department Rotation (4 Months) Community Psychiatry Intensive Outpatient Program, Huntington’s Clinic, Neuropsychiatry/Geriatric Psychiatry Clinic</th>
<th>Child &amp; Adolescent Day Hospital (1 Month)</th>
<th>Track Elective (7 Months) Mentored Scholarly, Clinical, Leadership Activities within Tracks Framework</th>
</tr>
</thead>
</table>

Residents’ Outpatient Continuity Clinic (½ day per week)
DEPARTMENT-WIDE DIDACTIC CURRICULUM

In concert with an extensive clinical curriculum, the Johns Hopkins Psychiatry residency program provides a comprehensive didactic curriculum for its residents. During residency, residents are offered a multitude of didactic learning opportunities made up of the three traditional teaching methods: lecture/demonstrations, tutorial/seminars, and recitations. 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 Department Director’s Service Rounds, Teaching Rounds, Departmental Grand Rounds, as well as a regular Journal Club. All residents participate in considering principles of psychiatry during these didactic meetings. 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.

**Department Director’s Service Rounds**

In this two-hour weekly didactic session, one resident presents a patient to the Psychiatry Department Director, who then interviews the patient while the residents observe. Residents are given an opportunity to ask questions after the interview, after which the patient is excused and the Department Director leads a discussion and highlights teaching points related to the case. During the intern year, weekly service rounds are also held at the Johns Hopkins Bayview Medical Center and are led by its Department Director.

**Teaching Rounds**

During these rounds, a resident presents a patient to a faculty member from the subspecialty service. The patient is then interviewed by the faculty member who will lead a discussion of the diagnostic and therapeutic issues pertinent to the case. During the PGY1 year, the residency directors, Drs. Graham Redgrave, Anne Ruble and John Lipsey, conduct teaching rounds with the interns on the Bayview campus. In the subsequent years, residents have the opportunity to attend several teaching rounds. Many subspecialty services conduct these rounds on a weekly basis including the Affective Disorders Service and the Schizophrenia Service.

**Psychiatry Departmental Grand Rounds**

During Grand Rounds, a patient is presented by one of the residents, interviewed by the Department Director, and then a faculty member gives a lecture related to the case under consideration. The Department Director then leads the discussion,
which is open to all members of the department. The presenting faculty member prepares minutes of the round. The topics covered for 2018-2019 are listed below, and for prior years in the Appendix.

GRAND ROUNDS TOPICS FROM THE 2018-2019 ACADEMIC YEAR

Jennifer Payne, MD  Stigma and Antidepressant Use during Pregnancy
Christopher Ross, MD, PhD The disease model and the perspectives of psychiatry: implications for education
James Potash, MD, MPH Shedding Light on Depression
Joe Bienvenu, MD, PhD Serotonin Syndrome
Peter Zandi, PhD The Latest in Pharmacogenetic Testing in Mood Disorders
Joseph McGuire, PhD Tic Talk: Managing Tics and Tourette's Disorder
Fred Nucifora, DO, PhD Treatment resistant schizophrenia as a subtype of the illness and ways to address heterogeneity in mental disorders
Marco Grados, MD A Pediatric OCD Linkage Study: Cell Adhesion and Neuroplasticity in Anxiety and Neurodevelopmental Phenotypes
Eric Strain, MD Why we wear white coats at Johns Hopkins Psychiatry
Graham Redgrave, MD Character
Robert Findling, MD, MBA The Clinical Salience of Pharmacokinetic and Drug Metabolism Studies in Pediatric Psychopharmacology
Russell Margolis, MD Antipsychotic use in schizophrenia: Aim low, show patience
Traci Speed, MD, PhD Meyer's Loop: Multidisciplinary Pain Care in the Perioperative Setting
Paul Rosenberg, MD Nonpharmacologic interventions for early Alzheimer’s
Constantine Lyketsos, MD How technology is changing how we practise: telepsychiatry and other “teles”
Angela Guarda, MD Eating Disorders: Behavior, Biology and Learning
William Narrow, MD, MPH Disorders, Symptoms, Systems: Disentangling the Clinical Complexity of Mental Disorders
Bernadette Cullen, MBCh, MD Enhancing Care in the Outpatient Setting
Karen Swartz, MD Marijuana and Mood Disorders: Medical or Mayhem?
Kenneth Stoller, MD Toward a modern SUD treatment system - Eliminating the drug
Gerald Nestadt, MBCh, MPH OCD and Doubt
Susan Lehmann, MD Trends in Substance Use/Misuse Among Older Adults: Why We Need to be Concerned
Elizabeth Reynolds, PhD Patient safety and Quality Improvement Efforts within the Child and Adolescent Psychiatric (CAP) Inpatient and Day Hospital services
Fernando Goes, MD (es)Ketamine: the what(s), why(s), when(s) and how(s)
Meg Chisolm, MD The Use of Electronic Communications-based Automated Technologies to Augment Traditional Mental Health Care
Akira Sawa, MD, PhD Two stories of microglia
Glenn Treisman, MD, PhD How can we help doctors and patients flourish?
Paul Kim, MD, PhD A Novel Anxiolytic Target
Rebecca Landa, PhD Development of Autism Spectrum Disorder: Infancy to Middle Childhood

**JOURNAL CLUB**

Faculty members host residents in their home and leads a discussion on a journal article. Typically, the journal article selected is an original article written by the faculty member hosting. One of the residents presents the
article, while the faculty member helps to lead the discussion. The aim of the seminar is to examine the author’s methods, the strengths and weaknesses of the article, and the relevance of this work to clinical psychiatry. Residents become familiar with clinical research, statistical methods, and psychiatric epidemiology.

**Mind the Gap**

The Johns Hopkins Schizophrenia Center hosts a series of workshops designed to bring researchers and clinicians together. A psychiatry resident is paired up with a researcher to present on a topic of their choosing. Topics in the past have included psychiatric epidemiology, co-morbidity with psychiatric disorders, pregnancy and mental illness, and stigma in psychiatry. Both the resident and researcher meet with several faculty members together to discuss the topic prior to the workshop. The workshop is open to all faculty members, researchers, and clinicians.

**Departmental Research Conference**

This weekly lunchtime conference is held throughout the academic year. Investigators within the Johns Hopkins Hospital, as well as from outside institutions, present their latest research. Faculty, residents, and research fellows participate in this meeting. Residents are invited to meet with guest speakers prior to or following the conference. The topics covered during the 2018-2019 academic year are listed below.

**Research Conference Topics from the 2018-2019 Academic Year**

- Matthew Wright, MD, PhD  
  A midbrain circuit that controls the response to inescapable stress

- Richard Huganir, PhD  
  Regulation of Neurotransmitter Receptors in Cognition and Cognitive Disorders

- Francis McMahon, MD  
  Unweaving GWAS

- Adam Spira, PhD  
  Aging, Sleep, and Circadian Rhythms: Implications for Brain Health

- Hey-Kyoung Lee, PhD  
  Neuroplasticity in Development

- Peter Zandi, PhD  
  The Latest in Pharmacogenetic Testing in Mood Disorders

- Durga Roy, MD  
  Neuropsychiatric Sequelae of Mild TBI

- Kimberley Steele, MD, PhD  
  A Matter of Taste: the Brain and Obesity

- Alena Savonenko, MD, PhD  
  Preclinical Testing of Anti-βAmyloid Therapies: Efficacy, Limitations, Future Directions

- Jeremiah Cohen, PhD  
  Neurophysiology of dynamic decision making

- Fred Barrett, PhD  
  Potential mechanisms underlying psychedelic therapeutic effects

- Brady Maher, PhD  
  Deciphering the role of the psychiatric risk gene TCF4 in cortical development and disease

- William Carpenter, MD  
  A Tour of Psychopathology with a Negative Symptom Focus

- Michelle Shardell, PhD  
  The relationship between pain and depression

- Patricia Janak, PhD  
  How does dopamine mold your behavior? Behavioral neuroscience studies of dopamine, learning, and motivation

- Gretchen Neigh, PhD  
  Biological mediators of stress effects on brain and behavior

- Gwenn Smith, PhD  
  Multi-Modality Imaging of Neurodegeneration in late life mood and cognitive disorders

- Phil Quartana, PhD  
  Psychological Health Research Programs under Military Operational Medicine

- Carol Matthews, MD  
  PGC Genetics Network in OCD, Tourette

- Thorsten Kahnt, PhD  
  Using odors to study neural mechanisms of food choice and its modulation by sleep deprivation

- Michelle Carras, PhD  
  The relationship between video gaming and mental health
PATIENT SAFETY & QUALITY IMPROVEMENT

This monthly conference is held throughout the year for residents from the PGY2 through PGY4 year. Topics discussed include suicide prevention, avoidance of seclusion, and prevention of medication errors. Several sessions are also dedicated to root cause analysis of specific cases.

- **MORBIDITY & MORTALITY**

- **MD/RN COUNCIL**

This monthly conference is held throughout the year for residents working on the inpatient units in the PGY2 through PGY4 years. The goal of the council is to foster interdisciplinary discussions to improve patient safety and outcomes.
PGY1 YEAR

GOALS & OBJECTIVES
The goals of the first year of residency are integrative and introductory: to provide a foundation in Internal Medicine and Neurology, as well as to provide supervised responsibility for assessing and treating a diverse population of psychiatric inpatients on a general psychiatry service.

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

- manage acute and subacute medical and neurological conditions in the inpatient setting
- apply methods of patient assessment and formulation
- understand broad categories of psychiatric illness and implications for treatment and prognosis for a variety of psychiatric patients
- appreciate the milieu concept of inpatient psychiatric services
- understand the responsibilities and roles of other mental health practitioners integrated in team treatment of patients
- understand at a basic level the multiple treatment modalities - psychological, pharmacological, physical, and rehabilitative - employed with psychiatric patients
CLINICAL CURRICULUM

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.

- **PSYCHIATRY**

  The Department of Psychiatry at Bayview is an important component of the Johns Hopkins Residency Program. Dr. Durga Roy is the director of the internship year. Residents rotate on the 20-bed psychiatric inpatient unit, the Acute Psychiatric Unit (APU), which admits approximately 900 voluntary patients each year from all socioeconomic groups and diagnostic categories. Two to three interns are assigned to the unit, and each cares for approximately six patients under the supervision of an attending psychiatrist. Each intern spends three months on the inpatient service.

### WEEKLY INPATIENT PSYCHIATRY SCHEDULE

PGY1 Residents

No pre-rounding prior to Multidisciplinary Team Rounds daily at 8:00 am. Evening coverage by attendings starts at 5:00 pm.

| Interns participate in patient care, including admissions, on the unit except during the activities listed below. |
| Monday | 11:00 am to 12:30 pm | Psychiatry Grand Rounds |
| | 12:30 pm to 1:30 pm | Phenomenology Seminar |
| Tuesday | 12:00 pm to 1:00 pm | Service Rounds/Academic Psychiatry Seminar |
| Wednesday | 12:00 pm to 1:00 pm | Pharmacotherapy Seminar |
| Wednesday | 12:00 pm to 1:00 pm | Intern Support Group |
| | 1:00 pm to 2:00 pm | Teaching Rounds with Drs. Redgrave & Lipsey |
| Friday | 12:00 pm to 1:00 pm | Psychotherapy Seminar |
| Weekends | Interns rotate each weekend for coverage, 8:00 am to 5:00 pm. |

- **INTERNAL MEDICINE**

  The Department of Medicine at Bayview 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 on each team. Each intern has an average caseload of five to seven patients. There is also a night=float system where interns work with senior medical residents. The admitting medicine schedule follows a four-day cycle with two admitting days and two non-admitting patient care days. In addition to four and a half months of inpatient medicine, interns rotate, on average, for two weeks on the Medical Intensive Treatment Unit (MICU) and two weeks on the Cardiac Intensive Treatment Unit (CICU). Below is a daily schedule of didactics for interns while rotating on Internal Medicine. Didactics include daily Morning Report with all the medicine residents, individual team didactics, and lunch conference.
WEEKLY Inpatient Medicine SCHEDULE
PGY1 Residents

Pre-rounding occurs daily prior to 7:45 am Morning Report.
Evening coverage by Night Float starts at 5:00 pm on non-admitting at 8:00 pm on admitting days.
Interns participate in patient care on the unit except during the activities listed below.

<table>
<thead>
<tr>
<th>W E E K D A Y S</th>
<th>7:45 am to 8:30 am</th>
<th>Morning Report Didactic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:30 am to 9:00 am</td>
<td>Medicine team didactics</td>
</tr>
<tr>
<td></td>
<td>9:00 am to 10:00 am</td>
<td>Bedside team rounds</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>Medicine House Staff Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intern Support Group (Thursdays)</td>
</tr>
</tbody>
</table>

• W E D N E S D A Y S
  1:00 pm to 2:00 pm  Bedside Rounds with Dr. Hellman

W E E K E N D S
Interns cover either Saturday or Sunday with their team.

The Department of Neurology

The Department of Neurology at Bayview 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. The ward usually cares for 15 to 20 neurologic inpatients, including patients in the Neurology Critical Care (NCCU) so that each of the three house officers on the unit is responsible for five to seven inpatients under the supervision of the neurology chief resident and a full-time attending neurologist. In addition to the six weeks on the inpatient unit, interns rotate for two weeks on the neurology consultation team. Below is a daily schedule of didactics for interns while rotating on the inpatient neurology unit. Didactics include daily teaching from the chief resident and noon conference, as well as the Department of Neurology Grand Rounds.

WEEKLY Inpatient Neurology SCHEDULE
PGY1 Residents

Pre-rounding occurs daily prior to 8:00 am Chief Resident Didactic.
Evening coverage by neurology or medicine residents start at 5:00 pm.
Interns participate in patient care on the unit except during the activities listed below.

<table>
<thead>
<tr>
<th>W E E K D A Y S</th>
<th>8:00 am to 8:30 am</th>
<th>Neurology Chief Resident Didactic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8:30 am to 10:00 am</td>
<td>Bedside team rounds</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>Neurology House Staff Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intern Support Group (Thursdays)</td>
</tr>
</tbody>
</table>

• T H U R S D A Y S
  10:00 am to 12:00 pm  Neurology Grand Rounds

W E E K E N D S
Interns help cover the service on either Saturday or Sunday of each week.

DIDACTIC CURRICULUM

Interns participate in weekly Service Rounds with the Director of Psychiatry at Johns Hopkins Bayview. During their psychiatry rotation, interns meet for three hours of didactics weekly, in addition to the one hour weekly that all psychiatry interns come together for a didactic regardless of rotation setting. They also
participate in weekly Teaching Rounds with the residency directors, Drs. Graham Redgrave and Anne Ruble or other faculty leaders. Below is the schedule during the inpatient psychiatry rotation on the Acute Psychiatric Unit at the Johns Hopkins Bayview Medical Center, followed by further explanation of the didactics during the inpatient psychiatry rotation.

PHENOMENOLOGY
Seminar topics are listed below.

- Introduction to the Psychiatric Evaluation
- Mental Status Examination and Differential Diagnosis
- Psychotic Disorders
- Affective Disorders
- Anxiety and Somatoform Disorders
- Substance Abuse and Dependence
- Personality Traits and Disorders
- Suicide

PHARMACOTHERAPY
Seminar topics discussed are listed below.

- Emergency Treatments in Psychiatry
- Antipsychotic Drug Treatment of Schizophrenia and other Psychotic Disorders
- Management of Major Depression
- Management of Bipolar Disorder
- Treatment of Sleep Disorders
- Drug Treatment in Geriatric Psychiatry
- Early Treatment Engagement Principles for Substance Abuse
- Applications of landmark clinical trial studies

PSYCHOTHERAPY
Seminar topics are listed below.

- Psychotherapy and the Perspectives of Psychiatry
- Continuum of Care
- History of Community and Public Health Services
- Crisis Intervention
- The Therapeutic Relationship and Boundaries
- Psychotherapy Supervision
- Personality and Psychotherapy
- Recovery and Consumer Empowerment
- Behavioral Health Integration
PGY2 YEAR

GOALS & OBJECTIVES

The goals of the second year are to build on the developed capacities of the first year and to introduce more advanced psychiatric knowledge and methods of assessment and treatment. These goals are achieved by close supervision of residents on a variety of inpatient and partial hospital services. Residents are introduced to the full continuum of care by beginning their own office-based outpatient practice under supervision. These broad, patient-centered experiences are amplified by a didactic program of lectures in psychiatric assessment, treatment, and research.

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

- 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, frequent complicating medical and surgical problems, and forensic issues that may affect treatment
- comprehensive understanding of the psychological, pharmacological, and physical treatments involved in the care of the seriously mentally ill
- capacity to assume a leadership role on the treatment team in an inpatient milieu
- experience with behaviorally oriented treatment plans for eating disorders and addictions
- introductory knowledge of subspecialty psychiatry gained through experience on specialty services such as affective disorders, geriatrics, schizophrenia, chronic pain, substance abuse disorders, eating disorders, and child and adolescent psychiatry
- experience providing both time-limited, symptom-focused and long-term, insight-oriented psychotherapy, under close supervision, in the residents’ ambulatory clinic
- understanding of the vertical integration of clinical practice, incorporating outpatient, partial hospital, and inpatient treatment settings
CLINICAL CURRICULUM

In this year, three new house officers who have completed at least a first postgraduate year are accepted into the program, making a total of 13 PGY2 residents. Although most clinical experience is gained on different inpatient units of the Henry Phipps Psychiatric Service of the Johns Hopkins Hospital or the child psychiatry unit of the Bloomberg Children’s Hospital, residents also begin to establish their own outpatient practice through the Residents’ Outpatient Continuity Clinic (ROCC).

- **Outpatient Continuity Clinic**

  This clinic, led by Drs. O. Joseph Bienvenu and Jennifer Payne, is designed to allow residents to see patients with various psychiatric conditions over the next three years. Residents are encouraged to manage both medications and psychotherapy for patients. Drs. Bienvenu and Payne provide instruction and guidance to residents regarding building a diverse outpatient practice and handling the logistics of such a practice, including billing, scheduling, and documentation. Residents also work with a clinic coordinator, who completes insurance authorization for outpatients within the ROCC. Each resident also has an assigned outpatient supervisor starting in the PGY2 year. Residents rotate supervisors every six months to help expose residents to a variety of outpatient management skills. Each resident will spend one hour per week with their outpatient supervisor.

  Each week a resident sees an average of two outpatients during the PGY2 year and four outpatients during the PGY3 year and PGY4 years. The residents typically follow a total of ten to twenty patients by their PGY4 year.

- **Henry Phipps Psychiatric Service**

  Residents spend the majority of the PGY2 year providing care for patients on the psychiatry inpatient services. The Henry Phipps Psychiatric Inpatient Service has 85 beds distributed among ten autonomous units. Among the inpatient units are several specialty services including Eating Disorders, Affective Disorders, Young Adult, Schizophrenia, Geriatric Psychiatry, Chronic Pain, the Motivated Behaviors Unit, and the Intensive Treatment Unit. Other inpatient services include the General Psychiatry Service led by the chief resident and the Acute Psychiatric Service. There are also day hospitals associated with the inpatient units, including Affective Disorders, Eating Disorders, Geriatric Psychiatry, and Chronic Pain. Rotations through the various units provide exposure to all standard modalities of treatment, including individual and group psychotherapeutic, pharmacological, electroconvulsive, and behavioral therapies.

  Each resident covers five to ten inpatients under the supervision of a psychiatry attending. The attending psychiatrist leads daily rounds with the residents and other staff as well as individual supervision of residents every afternoon. Additionally, all residents receive four-weeks of formal training in electroconvulsive therapy over the course of the year.
CHILD PSYCHIATRY SERVICE

PGY2 residents also spend one month rotating on the 15-bed child and adolescent inpatient psychiatry service of the Bloomberg Children’s Hospital at Johns Hopkins. During this introductory child psychiatry rotation, they care for 3-4 inpatients with a range of psychiatric diagnoses including affective illnesses, anxiety disorders, and autism spectrum disorders, among others. Residents also spend time working with their patients’ families or guardians and play an important role in the multidisciplinary team. During this rotation residents are supervised by child and adolescent psychiatry fellows and attendings.

DIDACTIC CURRICULUM

During the second year of residency, the residents are engaged in several didactic sessions. Residents attend Psychiatry Department Grand Rounds and weekly Service Rounds as well as several other didactics. These didactics include the Summer Session Series, the PGY2 seminar with an advanced focus on phenomenology and psychopharmacology, Morbidity and Mortality Conference, Research Conference, and Mind the Gap. Below is the typical weekly schedule for the PGY2 residents.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Psychiatry SCHEDULE</th>
<th>PGY2 Residents</th>
</tr>
</thead>
</table>
| No pre-rounding prior to Multidisciplinary Team Rounds daily at 8:00 am. | Psychiatry Grand Rounds
| Evening coverage by the on call PGY2 resident starts at 5:00 pm. | Residents’ Meeting
| Residents participate in patient care on the unit except during the activities listed below. |
| M O N D A Y S | 11:00 am to 12:30 pm | Psychiatry Grand Rounds
| | 12:30 pm to 1:00 pm | Residents’ Meeting
| T U E S D A Y S | 12:00 pm to 1:00 pm | Research Conference (weekly) or
| | | Morbidity & Mortality (monthly)
| W E D N E S D A Y S | 12:00 pm to 1:00 pm | PGY2 Seminar
| T H U R S D A Y S | 12:00 pm to 1:00 pm | Outpatient Psychiatry Seminar
| F R I D A Y S | 10:00 am to 12:00 pm | Service Rounds with Department Director
| W E E K E N D S & CALL | Residents take in-house weekday and weekend call, covering the inpatient units, on average every 13 days. |

PGY2 SEMINAR: INTRODUCTORY SUMMER SESSION

During the summer of the PGY2 year, residents meet four times weekly for didactics before Departmental Grand Rounds and Research Conference begin in September. The summer session includes weekly discussions about Drs. Paul McHugh and Phillip Slavney’s book, The Perspectives of Psychiatry, as well as several lectures on electroconvulsive therapy, medical student teaching, pharmacotherapy, forensic psychiatry, and emergency treatments in psychiatry. Each topic and its presenter are listed below.

- Discussion of The Perspectives of Psychiatry by James Potash, MD, & others
- Phipps History and Mental Status Exam by Graham Redgrave, MD, Anne Rable, MD, MPH & John Lipsy, MD
Psychotherapy on Inpatient Services  
Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD

Professionalism in Psychiatry Residency Training  
Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD

Emergency Treatments in Psychiatry  
Vinay Parekh, MD

Electroconvulsive Therapy  
Irving Reti, MBBS

Introduction to Pharmacotherapy  
Thomas W. Koenig, MD

Approaching the Psychiatric Literature  
Karen Swartz, MD

Forensic Psychiatry  
Jeffrey Janofsky, MD

Duty Hours and Sleep Deprivation  
Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD

Medical School Education  
Susan Lehmann, MD

Alcohol Detoxification  
Jeffrey Hsu, MD

Opiate Detoxification  
Jeffrey Hsu, MD

Community Psychiatry  
Bernadette Cullen, MBCh, MD

PGY2 SEMINAR: ACADEMIC YEAR

During the academic year, PGY2 residents meet weekly for an advanced phenomenology and psychopharmacology course. Each topic and its presenter are listed below.

- The Formulation  
  J. Raymond DePaulo, Jr., MD

- Bipolar Disorder  
  Jennifer Payne, MD

- Major Depression  
  Karen Swartz, MD

- Medical School Teaching  
  Susan Lehmann, MD

- Motivational Interviewing  
  Dean MacKinnon, MD & Heidi Hutton, PhD

- Antidepressants  
  Karen Swartz, MD

- Schizophrenia  
  Thomas Sedlak, MD, PhD

- Neuroscience of Schizophrenia  
  Frederick Nucifora, DO, PhD

- Sub-Threshold Affective Disorders  
  Fernando Goes, MD

- Antipsychotics  
  Russell Margolis, MD

- Psychometrics  
  David Schretlen, PhD

- Mood Stabilizers  
  Fernando Goes, MD

- Psychological Assessment  
  Jason Brandt, PhD

- Alzheimer's Disease  
  Paul Rosenberg, MD

- Anxiety Disorders  
  O. Joseph Bienvenu, MD, PhD

- Post-Traumatic Stress Disorder  
  James Fauerbach, PhD

- Obsessive-Compulsive Disorder  
  Gerald Nestadt, MD

- Substance Abuse  
  Eric Strain, MD & Jeffrey Hsu, MD

- Geriatrics  
  Susan Lehmann, MD

- Drug Withdrawal & Detoxification  
  Alan Romanowski, MD

- Somatoform Disorder  
  Thomas W. Koenig, MD

- Emergency Psychiatry  
  Vinay Parekh, MD

- Eating Disorders  
  Graham Redgrave, MD

OUTPATIENT CARE SEMINAR

This seminar for all PGY2 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. PGY2 residents meet with Dr. O. Joseph Bienvenu and Dr. Jennifer
Payne and other faculty 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. Each topic and its presenter are listed below.

Getting Started with Outpatients  Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD
Financial Overview of Residents’ Clinic  Rita Cardim
Electronic Medical Record  Kim Coursen-Antinone & Joyce Worchesky
Setting-Up Your Office  Karen Swartz, MD
Boundaries with Outpatients  Graham Redgrave, MD & John Lipsy, MD
Community Psychiatry  Bernadette Cullen, MBBCh, MD
How to Meditate (For Yourself and Your Patients)  Nida Gould, PhD
Introduction to Group Therapy  Deborah Mendelson, L.C.S.W.
Supportive Psychotherapy  Milena Smith, MD
Mindfulness-Based Approaches in Psychotherapy  Tamar Mendelson, PhD
First Contact and Establishing Alliance  Jennifer Payne, MD
The Therapeutic Frame  Jennifer Payne, MD
Transference and Countertransference  Jennifer Payne, MD
Termination Issues  Jennifer Payne, MD
Making Lifestyle Changes  Milena Smith, MD
Cognitive Behavioral Therapy Basics  Courtney Keeton, PhD
Cognitive Behavioral Therapy for Depression  Courtney Keeton, PhD
Cognitive Behavioral Therapy for Anxiety  Courtney Keeton, PhD
Dialectical Behavioral Therapy  Tamar Mendelson, PhD
Common Features in All Psychotherapies  Bernard Liberman, PhD
The Outpatient with Substance Abuse  Denis Antoine, MD
The Mood Disordered Outpatient  Karen Swartz, MD
The Outpatient with Anxiety Disorders  O. Joseph Bienvenu, MD, PhD
Making Lifestyle Changes  Jennifer Payne, MD
The Female Outpatient  Jennifer Payne, MD
The Outpatient with Relationship Issues  Jennifer Payne, MD
The Outpatient with Obsessive-Compulsive Disorder  Gerald Nestadt, MBCH, MPH
The Outpatient with Chronic Pain  Glenn Treisman, MD, PhD
The Outpatient with an Eating Disorder  Graham Redgrave, MD
The Outpatient with Personality Disorders  Glenn Treisman, MD, PhD
The Geriatric Outpatient  Susan Lehmann, MD
Interpersonal Psychotherapy  Lauren Osborne, MD
The Outpatient with Schizophrenia  Russell Margolis, MD
The Outpatient with ADHD  Richard Lanham, PhD
PGY4 Mentoring about Outpatients Series  PGY4 residents
General Outpatient Supervision Series  Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD

RESIDENTS’ LUNCH
All residents, starting in the PGY2 year, gather weekly for lunch and a discussion led by the administrative chief resident. The discussion typically focuses on clinical and administrative issues relevant to the residency. The lunch also provides an opportunity for all residents to bring up suggestions or concerns. The residency directors, Drs. Redgrave, Ruble and Lipsey, come to the meetings monthly to answer residents’ questions and to discuss any pertinent issues about the residency.
PGY3 YEAR

GOALS & OBJECTIVES
The goal of this year is to promote residents’ development toward independence by providing intensive outpatient and general hospital experiences. In the outpatient setting, residents acquire competencies in more complex, subspecialty outpatient clinics where they are supervised by experts in the assessment and treatment of a variety of disorders, including chronic schizophrenia, affective disorders, anxiety disorders, drug and alcohol disorders, forensic issues, and sexual disorders. A significant exposure to community-based psychiatry is provided, including rehabilitative and outreach services.

In the general hospital psychiatry rotations, residents provide psychiatric consultation, both in the emergency department and general hospital inpatient wards. Residents often take the lead in communicating with those seeking consultation, and this role enhances residents’ confidence in assessment, stabilization, and referral of the most acutely ill, complex cases.

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

- mastery of skills in psychiatric assessment and treatment in subspecialty outpatient settings
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp of the theoretical underpinnings and 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, specifically affective, anxiety, family, marital, sexual, and addictive disorders clinics
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary care team in assessing and treating ambulatory medical patients
CLINICAL CURRICULUM

The third postgraduate year has three components: the Consultation-Liaison Service, the Psychiatry Emergency Service, and the Outpatient Department. Half of the residents spend the first six months solely dedicated to outpatient care, while the other half rotates through Consultation-Liaison and Emergency Psychiatry Services, as well as two months of outpatient psychiatry. At the end of six months, the two groups switch.

• **FIRST-HALF OF THE YEAR**

  **CONSULTATION-LIAISON**

  The Consultation-Liaison service is directed by Drs. O. Joseph Bienvenu and Dr. T. Avi Gerstenblith. Supervision and teaching are focused on helping residents develop the attitudes, knowledge, and skills needed to provide expert psychiatric consultation to non-psychiatric physicians for their medically and surgically ill patients with coexisting psychiatric disorders. Approximately 800 consultations with medically and surgically ill inpatients and outpatients are seen each year. Consultations are supervised by a full-time member of the faculty with two to three psychiatry residents on service together, as well as a neurology resident. For each consultation, the resident and attending psychiatrist evaluate and provide both psychotherapy and pharmacotherapy recommendations. Each resident is on the Consultation-Liaison Service for eight to ten weeks per year. Below is the daily schedule for those rotating on the Consultation-Liaison Service.

  **WEEKLY Consultation-Liaison SCHEDULE**

<table>
<thead>
<tr>
<th>PGY3 Residents</th>
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</thead>
<tbody>
<tr>
<td>Residents participate in patient care on the unit except during the activities listed below.</td>
</tr>
</tbody>
</table>

  **WEEKDAYS**

  | 8:00 am to 9:00 am |
  | Didactic session with attending |

  | 12:30 pm to 1:00 pm |
  | Residents’ Meeting |

  **WEDNESDAYS**

  | 12:00 pm to 1:00 pm |
  | PGY3 Seminar |

  **THURSDAYS**

  | 12:00 pm to 1:00 pm |
  | General Hospital Psychiatry Seminar |

  **WEEKENDS & CALL**

  Residents cover the consultation pager 24-hours per day, seven days per week. There are no in-hospital clinical responsibilities. If necessary, any urgent consultations are performed by the on-call PGY2 resident.

  • **EMERGENCY SERVICES**

  The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Dr. Cynthia Major and Dr. Vinay Parekh. There are approximately 4,000 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by an attending psychiatrist and psychiatric nurse practitioners or a PGY3 resident. 12-hour overnight shifts in the Psychiatry Emergency Service are staffed by a PGY3 resident. PGY3 residents rotate on this service for two to six weeks per year. On weekends, both PGY3 and PGY4 residents cover the Psychiatric Emergency Service, also in 12-hour shifts. Weekend coverage averages ten to twelve shifts per year.
The General Hospital 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. In addition to Consultation-Liaison Service and Emergency Psychiatry, residents rotate for two months within the Outpatient Department. Below is a daily schedule for the residents rotating in outpatient psychiatry during the PGY3 year as well as further descriptions of the outpatient rotations.

### WEEKLY Outpatient Psychiatry SCHEDULE
PGY3 Residents, Months 1-6

*During times where outpatient clinics or didactics are not listed, residents are either seeing outpatients in their Outpatient Continuity Clinic or engaging in scholarly work, such as research projects with faculty.*

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>11:00 am to 12:30 pm</th>
<th>Psychiatry Grand Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12:30 pm to 1:00 pm</td>
<td>Residents Meeting</td>
</tr>
<tr>
<td></td>
<td>1:00 pm to 5:00 pm</td>
<td>HIV Psychiatry (Bartlett Clinic)</td>
</tr>
<tr>
<td>TUESDAYS</td>
<td>8:00 am to 12:00 pm</td>
<td>Mobile Treatment (ACT)</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>Research Conference (weekly)</td>
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<tr>
<td></td>
<td></td>
<td>or Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td>WEDNESDAYS</td>
<td>9:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
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<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>PGY3 Seminar</td>
</tr>
<tr>
<td></td>
<td>1:00 pm to 5:00 pm</td>
<td>Schizophrenia Clinic</td>
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<tr>
<td></td>
<td></td>
<td>or Mobile Treatment (ACT)</td>
</tr>
<tr>
<td>THURSDAYS</td>
<td>12:00 pm to 1:00 pm</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>FRIDAYS</td>
<td>9:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
</tr>
<tr>
<td>WEEKENDS &amp; CALL</td>
<td>Residents cover the Psychiatry Emergency Department in 12-hour shifts, on average approximately once per month.</td>
<td></td>
</tr>
</tbody>
</table>

### MOBILE TREATMENT
The Community Psychiatry Program (CPP) offers a range of ambulatory services, including a community psychiatry outpatient clinic, an intensive outpatient program (IOP), and a mobile treatment unit via assertive community treatment (ACT). ACT 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 two half-days per week with ACT, supervised by Dr. Stanislav Spivak. Residents lead several home visits per week with case managers, social workers, nurses, addiction experts, vocational specialists, or peer-support counselors.

### SCHIZOPHRENIA CLINIC
This clinic, directed by Dr. Thomas Sedlak, focuses on the systematic evaluation and treatment of patients with schizophrenia. Residents rotate through this one half-day clinic per week, evaluating new referrals and consultations.
HIV PSYCHIATRY/BARTLETT CLINIC

This clinic, led by Drs. Glenn Treisman and Andrew Angelino, meets one half-day per week for the evaluation and treatment of patients with HIV and psychiatric comorbidity. This clinic works collaboratively with the Division of Infectious Disease to treat patients with psychiatric disorders that complicate HIV infection.

FORENSIC PSYCHIATRY PROGRAM

This two-month experience, which meets for two half-days per week, is supervised by Dr. Jeffrey Janofsky. Residents participate in twice weekly teaching conferences at the Circuit Court for Baltimore City. Under the supervision of forensic fellows from the University of Maryland School of Medicine and Dr. Janofsky. Residents are also responsible for evaluating defendants for competency and criminal responsibility and persons referred for evaluation of civil forensic issues.

**SECOND-HALF OF THE YEAR**

**OUTPATIENT DEPARTMENT**

During six months of PGY3 year, half of the residents rotate together in several clinics. These residents also receive additional didactics, such as Anxiety Disorders Seminar, Mood Disorders Seminar, and Schizophrenia Seminar, during which relevant clinical articles are presented and discussed. Below is a daily schedule for the residents rotating in outpatient psychiatry for six months during the PGY3 year as well as further descriptions of the outpatient rotations.

<table>
<thead>
<tr>
<th>WEEKLY Outpatient Psychiatry SCHEDULE</th>
<th>PGY3 Residents, Months 7-12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M O N D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Anxiety Disorders Seminar</td>
</tr>
<tr>
<td>11:00 am to 12:30 pm</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>12:30 pm to 01:00 pm</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Psychodynamics Seminar</td>
</tr>
<tr>
<td>02:15 pm to 04:15 pm</td>
<td>Psychodynamics Techniques and Supervision</td>
</tr>
<tr>
<td><strong>T U E S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Mood Disorders Seminar</td>
</tr>
<tr>
<td>11:00 am to 12:00 pm</td>
<td>Schizophrenia Seminar</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Research Conference (weekly) or Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Anxiety Disorders &amp; OCD Didactic</td>
</tr>
<tr>
<td>02:00 pm to 03:00 pm</td>
<td>Anxiety Disorders Supervision</td>
</tr>
<tr>
<td>03:00 pm to 05:00 pm</td>
<td>Anxiety &amp; OCD Clinic</td>
</tr>
<tr>
<td><strong>W E D N E S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Community Psychiatry Clinic</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>PGY3 Seminar</td>
</tr>
<tr>
<td><strong>T H U R S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Couples &amp; Family Therapy</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Mood Disorders or Schizophrenia Teaching Rounds</td>
</tr>
<tr>
<td>02:00 pm to 05:00 pm</td>
<td>Women’s Mood Disorders Clinic</td>
</tr>
<tr>
<td><strong>F R I D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Service Rounds with Department Director</td>
</tr>
<tr>
<td>12:15 pm to 01:30 pm</td>
<td>Sex &amp; Gender Didactic &amp; Case Conference</td>
</tr>
</tbody>
</table>
COMMUNITY PSYCHIATRY PROGRAM
This program, directed by Dr. Bernadette Cullen, offers a range of ambulatory services, including a community mental health center-oriented outpatient clinic (CPP). Residents rotate for one-half day per week in this outpatient clinic, during which they are paired with a therapist. The resident and therapist see outpatients together, after which the resident discusses the case with an attending physician in the Community Psychiatry Program.

ANXIETY & OCD CLINIC
This clinic is directed by Drs. Paul Nestadt, Amy Huberman, O. Joseph Bienvenu, and Gerald Nestadt. This clinic evaluates patients who suffer primarily from obsessive-compulsive disorder and anxiety disorders such as panic disorder, phobia, and generalized anxiety disorder. Residents participate in evaluations and subsequent treatment of patients. Weekly seminars, case conferences, and training in Cognitive-Behavioral Therapy, Exposure Response Prevention therapy, and Acceptance & Commitment Therapy are integral to the clinic. Drs. Nestadt and Huberman also provide weekly group supervision.

FAMILY AND COUPLES THERAPY CLINIC
This clinic, directed by Dr. Ruble and Rawn Martin, LCSW-C, offer treatment to couples and families. The clinic meets weekly. The goals of the clinic are to provide instruction in family development issues and training in short-term strategic family therapy techniques. The clinic sees a couple or family, with supervision provided in a combined seminar and one-way mirror format.

WOMEN’S MOOD DISORDERS CLINIC
This weekly, half-a-day clinic is led by Drs. Jennifer Payne and Lauren Osborne and focuses on women with affective disorders and reproductive psychiatry consultations. Residents see both intakes and follow-up appointments which are then discussed with Drs. Payne and Osborne and the other residents.

SEX AND GENDER CLINIC
This one-half day per week clinic is directed by Drs. Frederick Berlin and Christopher Kraft. Consultation is offered for a broad range of sexual problems including arousal disorders, marital and family difficulties related to sexual dissatisfaction or incompatibilities, gender dysphoria, and paraphilias. Residents participate in the evaluation of patients, their significant others, and family members. Supervision is provided through a one-way mirror format. Residents also attend a weekly seminars on sexual disorders.
DIDACTIC CURRICULUM

During the third year of residency, the residents are engaged in several didactic sessions. PGY3 residents attend Psychiatry Department Grand Rounds and Service Rounds, as well as two year-long seminars: the PGY3 seminar and the General Hospital Psychiatry Seminar. There are several seminars that run twice throughout the year, once for each half of the year. These seminars include the Psychodynamics Seminar, Anxiety Disorders Seminar, Mood Disorders Seminar, Schizophrenia Seminar, and the Sexual Behaviors Consultation Unit Seminar. Listed below are descriptions of each seminar in the PGY3 year.

PGY3 SEMINAR
This seminar runs throughout the academic year. During the first half of the year, the focus is on diagnosing dimensional disorders, better understanding personality theory, and combining psychotherapy with pharmacotherapy in the treatment of several psychiatric conditions. The second half of the year is structured in mini-blocks, including Ethics, Forensic Psychiatry, and Community Psychiatry. Each topic and its presenter are listed below.

Personality Disorders Series  O. Joseph Bienvenu, MD, PhD & Gerald Nestadt, MD
Personality Assessment  David Schretlen, PhD
The Five-Factor Model of Personality  Paul Costa, MD
Major Depression  John Lipsey, MD
Bipolar Disorder  Karen Swartz, MD
Anxiety Disorders  O. Joseph Bienvenu, MD, PhD
The Developmental Perspective Series  James Harris, MD
Forensic Psychiatry Series  Jeffrey Janofsky, MD
Community Psychiatry Series  Bernadette Cullen, MBCh
Ethics in Psychiatry Series  Jeffrey Janofsky, MD
Medical Student Education  Susan Lehmann, MD
Religion and Spirituality in Psychiatry  John Lipsey, MD
Cross-Cultural Psychiatry  Thomas Koenig, MD
Psychiatry Disorders in Women  Karen Swartz, MD

THE GENERAL HOSPITAL PSYCHIATRY SEMINAR
The General Hospital Psychiatry Seminar is a weekly morning seminar for all PGY3 residents. This seminar provides an overview of the epidemiology, diagnosis, and treatment and management of psychiatric disorders found in nontraditional psychiatric sites, such as general hospital wards, emergency departments, and primary care clinics. The roles of the psychiatrist as consultant and liaison are examined in detail. The seminars, listed below, provides didactic coherence for the multitude of clinical experiences found during the consultation-liaison and emergency department rotations.

Alcohol and Drug Use Disorders Series  Alan Romanowski, MD
Post-ICU Distress and Delirium  O. Joseph Bienvenu, MD, PhD
Mood Disorders in Women Series  Karen Swartz, MD
Management of Medication Sexual Side Effects  Karen Swartz, MD
Dementia  Chiadi Onyike, MD, MHS
Human Grief and Loss Series  Shep Jeffreys, PhD
Conversion Disorder  Graham Redgrave, MD
Somatoform Disorders  Graham Redgrave, MD
Oncology Psychiatry  Laura Hoofring, ARNP-PMH
Delirium in the ICU and its Measurement  Dale Needham, MD
Eating Disorders on the Medicine Service  Graham Redgrave, MD
Rehabilitation Psychology and Disability  Stephen Wegener, PhD
Multiple Sclerosis and Psychiatry  Adam Kaplin, MD, PhD
Depression and Stroke  John Lipsey, MD
Pathological Laughing and Crying  John Lipsey, MD
Catatonia  John Lipsey, MD
Unintended Consequences of DNR  Glenn Treisman, MD, PhD
Geriatric Psychiatry  Deidre Johnston, MD
Pain Disorders and Consult Psychiatry  Michael Clark, MD, MPH, MBA
Wernicke-Korsakov Syndrome  Karin Neufeld, MD, MPH
Substance Abuse and High Risk Behaviors  Heidi Hutton, PhD
Psychiatry and the Burn Unit  James Fauerbach, PhD
Substance Abuse Treatment  Jeffrey Hsu, MD
Depression vs. Demoralization  Daniel Ebert, MD, PhD
Sleep and Related Disorders  David Neubauer, MD
Drug Testing  Andrew Stolbach, MD, MPH
Management of Delirium and Agitation  Avi Gerstenblith, MD
Schizophrenia and Consult Psychiatry  Thomas Sedlak, MD, PhD
Behavioral Treatment of Opioid Dependence  Ken Stoller, MD
Motivational Interviewing  Michael Kidorof, MD

PSYCHODYNAMICS SEMINAR
This one-hour to two-hour weekly seminar, led by Dr. Everett Siegel, runs for six months during the Outpatient Department block of PGY3 year. Topics include:

- When Do You Use Psychodynamic Psychotherapy?
- The Spectrum of Therapies and Character Disorder
- Freud's Topographic Theory
- Freud's Structural Theory
- Ego Psychology as Derived from Freud's Structural Theory
- Anna Freud and the Defenses of the Ego
- Object Relations and Attachment Theory
- The Self-Psychology of Hans Kohut
- Freud’s Psychosexual Development Model
- Erikson’s Developmental Stages
- Depressive Personality Style
- Masochistic Personality Style
- Histrionic Personality Style
- Obsessive Personality Style
- Narcissistic Personality Style

PSYCHODYNAMICS TECHNIQUES SEMINAR AND SUPERVISION
This two-hour weekly seminar, led by Dr. Everett Siegel, runs for six months during the Outpatient Department block of PGY3 Year. In addition to teaching specific techniques of psychodynamic psychiatry in evaluation and treatment, he also exposes residents to Intensive Short-Term Dynamic Therapy (ISDTP).

ANXIETY DISORDER SEMINAR
This weekly one-hour seminar, organized by Dr. O. Joseph Bienvenu, runs for six months during the Outpatient Department block of PGY3 Year. During this seminar, residents present and discuss
relevant research articles related to anxiety disorders. There are also several topics discussed that are related to anxiety disorders, such as insomnia, as well as treatment methods, such as group therapy.

Anxiety Disorders: An Introduction O. Joseph Bienvenu, MD, PhD
Personality and Anxiety Disorders O. Joseph Bienvenu, MD, PhD
Diagnostic and Therapeutic Review O. Joseph Bienvenu, MD, PhD
Panic Disorder and Agoraphobia O. Joseph Bienvenu, MD, PhD
Posttraumatic Stress Disorder O. Joseph Bienvenu, MD, PhD
“Neurosis” O. Joseph Bienvenu, MD, PhD
Obsessive-Compulsive Disorder Gerald Nestadt, MBBCH, MPH
Generalized Anxiety Disorder O. Joseph Bienvenu, MD, PhD
Attention-Deficit/Hyperactivity Disorder Andrew Feinberg, MD
Social Anxiety Disorder O. Joseph Bienvenu, MD, PhD
Acceptance and Commitment Therapy Amy Huberman, MD
Paradoxical Treatment of Anxiety Disorders Amy Huberman, MD
Group Psychotherapy Series Bernard Liberman, PhD
Dialectic Behavioral Therapy Amy Huberman, MD
Mental Health Care Delivery & Financing System Lee McCabe, PhD
Behavioral Medicine and Physical Illnesses H. Richard Waranch, PhD

MOOD DISORDERS SEMINAR
This weekly one-hour seminar, organized by Dr. Karen Swartz, runs for six months during the Outpatient Department block of PGY3 Year. During this seminar, residents present and discuss relevant research articles related to mood disorders. This seminar is led by Drs. J. Raymond DePaulo, Jr., Kay Redfield Jamison, Fernando Goes, and Karen Swartz. Topics include:

Psychopathology & Classification
Mania
Mixed States
Schizoaffective Disorder
Suicidality
Epidemiology
Antidepressants
Lithium
Anticonvulsants
Antipsychotics
Medication Adherence
Electroconvulsive Therapy
Transcranial Magnetic Stimulation and Deep Brain Stimulation
Psychotherapy
The STAR*D Trial
Primary Care Treatment of Mood Disorders
Community Education
Etiology I: Family Studies
Etiology II: Genetic Studies
Etiology III: Epigenetics
Etiology IV: Hormones and Stress

SCHIZOPHRENIA SEMINAR
This weekly one-hour seminar, organized by Dr. Russell Margolis, runs for six months during the Outpatient Department block of PGY3 Year. During this seminar, residents present and discuss
relevant research articles related to schizophrenia, review methods of assessment, and examine some of the classic literature on the phenomenology of schizophrenia. Participating faculty members from the Schizophrenia Center, the Mood disorders group, the Lieber Institute, the Department of Radiology, the Institute of Genetic Medicine, Medical Psychology, and Division of Neurobiology assist in guiding the seminars. Topics include:

- Kraeplin, Bleuler, Schneider and the limits of Phenomenology
- Longitudinal Course
- Novel Approaches to Schizophrenia Nosology
- Rating Scales for Schizophrenia
- Violence in Schizophrenic Patients
- Cognitive Changes in Schizophrenia
- Schizophrenia Epidemiology
- Cross-Cultural Aspects of Schizophrenia
- Risk factors of Schizophrenia
- Infection and Immunology in the biology of Schizophrenia
- Genetics of Schizophrenia
- Marijuana Abuse and Schizophrenia
- Brain Imaging of Schizophrenia
- Neurogenetic approaches to the pathogenesis of schizophrenia
- Psychosocial Rehabilitation Treatment of Schizophrenia
- Pharmacological Treatment of Schizophrenia
- Tardive Dyskinesia and the AIMS Ratings Scale
- Metabolic Complications of Neuroleptic Treatment

SEX & GENDER CLINIC SEMINAR
This weekly seminar is held one hour prior to the Sexual & Gender Clinic. The seminar is led by Drs. Frederick Berlin, Christopher Kraft, Kate Thomas, Thomas Wise, and Chester Schmidt with multiple lecturers from Surgery, Gynecology, Plastic Surgery, and Medicine. Topics include:

- Introduction to the Sex and Gender Unit
- History of Sexuality and Medicine
- Sex Research
- Perspectives on Gender Dysphoria
- Child and Adolescent Endocrinology: Treatment for Gender Dysphoria
- Gender Dysphoria: Evaluation and Management
- Origins of Sexual and Gender Disorders
- Transvestic Fetishism
- Gender Dysphoria in Childhood
- Pornography and Sexual Addiction
- Multiplex Paraphilia
- Hormonal Treatment of Gender Dysphoria
- Gender Affirming Surgery
- Evaluation of Paraphilic Disorders and Those Who Sexually Offend
- Treatment of Paraphilic Disorders and Those Who Sexually Offend
- Forensic Issues Related to Sexuality and Gender
- Sexual Pain Disorders
- Male and Female Sexual Dysfunctions: Descriptions and Case Studies
- Male and Female Sexual Dysfunctions: Pharmacotherapy and Sex Therapy
- Erectile Disorders: Current Research and Treatment
- Sexuality and Aging
PGY4 YEAR

GOALS & OBJECTIVES
The goals of this year are those of completion and depth. Residents enhance mastery of providing a continuum of care by rotating in a community psychiatry intensive outpatient program and more advanced specialty clinics. Residents, through mentorship by faculty, use elective experience to develop advanced experience in a psychiatric subspecialty and to demonstrate how knowledge advances through research and close study. Residents develop communication and teaching skills by presenting their elective work to co-residents and faculty. Finally, an appreciation of psychiatric administration is provided to residents through a weekly meeting with the Department Director where discussions review the rationale behind past and present responses of the department to the demands of healthcare reform, managed care, and hospital needs.

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

- advanced understanding of an elected subspecialty of psychiatry through close faculty mentoring and presentation of scholarly work in that subspecialty
- understanding of the changing health care environment and of the competencies necessary for success in clinical practice and in other professional leadership roles
- confidence in office-based psychiatric practice, including long-term psychotherapy
- appreciation of rational approaches to administrative decisions within a system of psychiatric services in the current health care era
CLINICAL CURRICULUM

PGY4 residents spend four months in the Outpatient Department, one month on the child & adolescent day hospital and the remaining seven months of the year reserved for electives. During the last year of residency, four residents are chosen by the Department Director to serve as chief residents. The chief residents help with the administrative aspects of the residency and also spend three months as sub-attendings on the General Psychiatry Service.

**OUTPATIENT DEPARTMENT**

During the four months in the Outpatient Department, PGY4 residents rotate in the Intensive Outpatient Program of the Community Psychiatry Program as well as two specialty clinics: Huntington’s Disease Clinic and Neuropsychiatry/Geriatric Psychiatry Clinic. During this four-month rotation, in addition to ongoing weekly outpatient supervision, residents also receive individual supervision from faculty in the specialty clinics. Resident rotate in the following clinics:

**INTENSIVE OUTPATIENT PROGRAM**

This clinic, directed by Dr. Bernadette Cullen, 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 Dr. Christopher Ross, meets weekly for the evaluation and treatment of patients 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.

**NEUROPSYCHIATRY AND GERIATRIC PSYCHIATRY CLINIC**

This clinic, directed by Dr. Susan Lehmann, 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. Patients are also assessed for a wide variety of psychiatric disorders of old age not associated with dementia or coarse brain injury.

<table>
<thead>
<tr>
<th>WEEKLY Outpatient Psychiatry SCHEDULE</th>
<th>PGY4 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>During times where outpatient clinics or didactics are not listed, residents are either seeing outpatients in their Outpatient Continuity Clinic or engaging in scholarly work, such as research with faculty.</td>
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<tr>
<td>MONDAYS</td>
<td>8:00 am to 11:00 am</td>
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<td></td>
<td>11:00 am to 12:30 pm</td>
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<td></td>
<td>12:30 pm to 1:00 pm</td>
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<tr>
<td>TUESDAYS</td>
<td>8:00 am to 12:00 pm</td>
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<td></td>
<td>12:00 pm to 1:00 pm</td>
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or Morbidity & Mortality (monthly)

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<tr>
<th><strong>WEDNESDAY</strong></th>
<th><strong>F RIDAYS</strong></th>
<th><strong>THURSDAYS</strong></th>
<th><strong>WEEKENDS &amp; CALL</strong></th>
</tr>
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<tbody>
<tr>
<td>8:00 am to 12:00 pm</td>
<td>8:00 am to 10:00 am</td>
<td>8:00 am to 12:00 pm</td>
<td>Residents cover the Psychiatry Emergency Department in 12-hour shifts, approximately eight times over the course of the year.</td>
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<tr>
<td>12:00 pm to 1:00 pm</td>
<td>10:00 am to 12:00 pm</td>
<td>12:00 pm to 1:00 pm</td>
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<tr>
<td>1:00 pm to 5:00 pm</td>
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<tr>
<td><strong>Seminars</strong></td>
<td><strong>Clinical Services</strong></td>
<td><strong>Research Conference</strong></td>
<td><strong>Electives</strong></td>
</tr>
<tr>
<td>Intensive Outpatient Treatment</td>
<td>Service Rounds</td>
<td>Neurropsychiatry &amp; Geriatric Psychiatry Clinic</td>
<td></td>
</tr>
<tr>
<td>PGY4 Seminar</td>
<td>Career Development Seminar</td>
<td>or Department Director’s Lunch</td>
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</table>

**ELECTIVES**

The goal of the elective semester is to enable residents to develop clinical, educational, administrative and/or research expertise on one or more issues of particular interest to them. Electives must be sponsored by a member of the Johns Hopkins faculty and approved by the Director for Residency Education. 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 electives, residents continue to attend Grand Rounds, Service Rounds, PGY4 Seminars, and the Department Director’s Lunch with PGY4 residents. The only clinical requirement is for residents to continue to follow their longitudinal patients in the Residents’ Outpatient Continuity Clinic.

**DIDACTIC CURRICULUM**

During the fourth year of residency, the residents continue to attend the Psychiatry Departmental Grand Rounds, Research Conference, Morbidity and Mortality Conference, and Service Rounds with the Department Director. Specific PGY4 seminars include the Department Director’s Lunch and the Career Development Seminar. Listed below are descriptions of each of these seminars.

**DEPARTMENT DIRECTOR’S LUNCH**

Approximately once a week, PGY4 residents meet with the Department Director or other senior faculty for lunch to discuss professional development, administrative psychiatry, and advanced areas of psychotherapy. 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 SEMINAR

Over the course of the year, different full-time and part-time faculty members, as well as past graduates, speak with the PGY4 residents about career development across the full spectrum of psychiatric practice.

- Introduction to Psychiatric Careers  
  Karen Swartz, MD
- Clinician and Educator Careers in Academics  
  Karen Swartz, MD
- Launching an Academic Career  
  Gregory Pontone, MD
- Deciding to Pursue Fellowship  
  Denis Antoine, MD
- Outpatient Practice and Academics  
  Todd Cox, MD
- Launching an Academic Career  
  Jennifer Coughlin, MD
- Careers at the FDA  
  Pamela Horn, MD
- Student Mental Health on College Campuses  
  Margaret Chisolm, MD
- How Does One “Choose” a Career  
  John Lipsey, MD
- NIMH Fellowship Opportunities  
  Joyce Chung, MD
- Careers in Medical Education  
  Susan Lehmann, MD
- Fellowships at the NIMH  
  Jennifer Payne, MD
- Basic Science Research Careers in Psychiatry  
  Paul Kim, MD, PhD
- Careers in Clinical Leadership  
  Karin Neufeld, MD
- Private Practice Outside of Baltimore  
  Christopher Pagnani, MD
- Juggling Basic Science Research and Clinical Care  
  Frederick Nucifora Jr., DO, MPH, PhD
- Careers in Residency Education  
  Graham Redgrave, MD
- Establishing “Focus” in an Academic Career  
  Peter Rabins, MD, MPH
- Careers in Research  
  Tim Moran, PhD
- Establishing a Private Practice  
  David Mu, MD
- Careers in Forensic Psychiatry  
  Jeffrey Janofsky, MD
- Psychiatry Careers in the VA System  
  Sarah Reading, MD
- Experiences in Community Hospital Psychiatry  
  Ashley Bone, MD
- Careers in Women’s Mental Health  
  Lauren Osborne, MD
- Careers in Substance Abuse Rehabilitation  
  J. Gregory Hobelmann, MD
- Careers in Private Practice  
  A.J. Drobnick, MD
- Adapting to Change in a Clinical and Academic Environment  
  Deidre Johnston, MD
<table>
<thead>
<tr>
<th><strong>PGY1 Interns</strong></th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Ackerman, MD</td>
<td>Jacobs School of Medicine and Biomedical Science, University of Buffalo</td>
</tr>
<tr>
<td>*Carolyn Craig, MD</td>
<td>University of Washington School of Medicine</td>
</tr>
<tr>
<td>Karen Dionesotes, MD, MPH</td>
<td>Creighton University School of Medicine</td>
</tr>
<tr>
<td>Candice Espinoza, MD</td>
<td>University of New Mexico School of Medicine</td>
</tr>
<tr>
<td>Amir Etesam, MD, M.S.</td>
<td>Howard University College of Medicine</td>
</tr>
<tr>
<td>Andrew Gaddis, MD</td>
<td>Virginia Tech Carilion School of Medicine</td>
</tr>
<tr>
<td>Evelyn Gurule, MD, PhD</td>
<td>Johns Hopkins School of Medicine</td>
</tr>
<tr>
<td>Melissa Lavoie, MD</td>
<td>Johns Hopkins School of Medicine</td>
</tr>
<tr>
<td>Zoe Luscher, MD</td>
<td>Icahn School of Medicine at Mount Sinai</td>
</tr>
<tr>
<td>Anna Yegiants, MD</td>
<td>Case Western Reserve University School of Medicine</td>
</tr>
<tr>
<td>James Zinko, MD</td>
<td>Wayne State University School of Medicine</td>
</tr>
</tbody>
</table>

*Completing an internship in Pediatrics and Johns Hopkins*

<table>
<thead>
<tr>
<th><strong>PGY2 Residents</strong></th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Aluri, MD, MA</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Allison Bailey, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Helen Bradshaw, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Elise Bennett, MD</td>
<td>Sidney Kimmel Medical College at Thomas Jefferson</td>
</tr>
<tr>
<td>Ilana Cohen, MD</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Sarah Collica, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Andrew Flagg, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Kevin Li, MD</td>
<td>Sidney Kimmel Medical College at Thomas Jefferson</td>
</tr>
<tr>
<td>Surinder Moonga, MD</td>
<td>Stony Brook University School of Medicine</td>
</tr>
<tr>
<td>Christian Romanchek, MD</td>
<td>University of Cincinnati College of Medicine</td>
</tr>
<tr>
<td>Julia Ross, MD</td>
<td>Virginia Tech Carillon School of Medicine</td>
</tr>
<tr>
<td>Alexandra Stolberg, MD, MPH</td>
<td>University of Puerto Rico School of Medicine</td>
</tr>
<tr>
<td>Hadas Zachor, MD</td>
<td>University of Pittsburgh School of Medicine</td>
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<table>
<thead>
<tr>
<th><strong>PGY3 Residents</strong></th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somya Abubucker, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Lisa Chen, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Evan Fletcher, MD</td>
<td>Drexel University College of Medicine</td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

William Hall, MD  \textit{Virginia Commonwealth University School of Medicine}
Cynthia Jackson, MD  \textit{State University of New York Upstate Medical University}
Nelson Katindo, BSN, RN, MD  \textit{Howard University College of Medicine}
Alicia Marhefka, MD  \textit{State University of New York Upstate Medical University}
Christopher Morrow, MD  \textit{University of Maryland School of Medicine}
Brent Pottenger, MHA, MD  \textit{Johns Hopkins University School of Medicine}
Adam Rossano, MD, PhD  \textit{University of Texas School of Medicine at San Antonio}
Daniel Stevens, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Ugochi Goldson, MD, MPH  \textit{Duke University School of Medicine}
Cody Weston, MD, PhD  \textit{Pennsylvania State University College of Medicine}

PGY4 Residents

Alexandra Blaes, MD  \textit{University of Maryland School of Medicine}
*Jonathan Brigham, MD  \textit{Sidney Kimmel Medical College at Thomas Jefferson University}
Julie Brownley, MD, PhD  \textit{University of Maryland School of Medicine}
*Mariel Cataldi, MD  \textit{Florida International University Herbert Wertheim College of Medicine}
Carol Chan, MBBCch  \textit{University College Dublin School of Medicine & Medical Science}
*Zachary Cordner, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Elizabeth Gerber, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Stephanie Kohler, MD, MPH  \textit{University of Colorado School of Medicine}
Caitlin McFarland, MD  \textit{University of Vermont College of Medicine}
Sandeep Nayak, MD  \textit{The Warren Alpert Medical School of Brown University}
*Julia Riddle, MD  \textit{Johns Hopkins University School of Medicine}
* Chief Resident

PAST PHIPPS RESIDENTS

CLASS OF 2019

Heather Bellis-Jones, MD  \textit{Adult Psychiatrist}
\textit{Boston VA Healthcare System, Boston, MA}
*Jillianne Grayson, MD  \textit{Fellowship, Child & Adolescent Psychiatry}
\textit{Children’s National Hospital, Washington, DC}
Natalie Gukasyan, MD  \textit{Research Fellow, Behavioral Pharmacology Research Unit}
\textit{Johns Hopkins Bayview}
Lin Gyi, MD  \textit{Fellowship, Child & Adolescent Psychiatry}
\textit{Georgetown University Medical Center Washington, DC}
James Harrison, MD  \textit{Director of Inpatient Psychiatry Assistant Professor}
\textit{Thomas Jefferson University Hospital, Philadelphia, PA}
*Maxine Pottenger, MD  \textit{Fellowship, Child & Adolescent Psychiatry}
\textit{The Johns Hopkins Hospital}
Prashant Sharma, DO  \textit{Adult Psychiatrist and Clinical Instructor}
\textit{Medstar Franklin Square Medical Center & Georgetown Univ. Medical Center}
Melissa Shepard, MD  \textit{Adult Psychiatrist}
\textit{Memory Center Charlotte, Charlotte, NC}
Kevin Strouse, MD  \textit{Adult Psychiatrist}
\textit{Johns Hopkins Hospital University Health Services and Private Practice}
## Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Wexler, MD</td>
<td>Adult Psychiatrist</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Edgar Woznica, MD</td>
<td>Correctional Health Service Psychiatrist</td>
<td>Unity Health Care, Inc., Department of Corrections, Washington, DC</td>
</tr>
<tr>
<td>Jeffrey Zabinski, MD</td>
<td>Fellowship, Consult-Liaison Psychiatry</td>
<td>New York University, New York, NY</td>
</tr>
<tr>
<td>Claire Zachik, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Massachusetts General Hospital, Boston, MA</td>
</tr>
<tr>
<td>Ran Zhao, MD</td>
<td>Adult Psychiatrist</td>
<td>Institute of Living, Hartford, CT</td>
</tr>
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*Short-tracked into Child and Adolescent Psychiatry*

### Class of 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>Steven Asbaghi, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>New York Presbyterian Hospital – Columbia/Cornell, New York, New York</td>
</tr>
<tr>
<td>Natalie Beaty, MD</td>
<td>Adult Psychiatrist and Private Practice</td>
<td>The Johns Hopkins Hospital, Baltimore, MD</td>
</tr>
<tr>
<td>Michael Bushey, MD, PhD</td>
<td>Adult Psychiatrist</td>
<td>Indiana University School of Medicine, Indianapolis, IN</td>
</tr>
<tr>
<td>Scott Dewhirst, MD</td>
<td>Adult Psychiatrist</td>
<td>Sansum Clinic, Santa Barbara, CA</td>
</tr>
<tr>
<td>Travis Klein, MD</td>
<td>Forensic Psychiatry Fellow</td>
<td>University of Maryland Medical Center</td>
</tr>
<tr>
<td>Idris Leppla, MD</td>
<td>Consult Liaison Fellow</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Bharat Narapareddy, MD</td>
<td>Neuropsychiatry Fellow</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Kichul Pak, MD</td>
<td>Adult Psychiatrist</td>
<td>Institute of Living, Hartford, CT</td>
</tr>
<tr>
<td>Crystal Salcido, MD</td>
<td>Research Fellow</td>
<td>Interdisciplinary Training Fellowship in Psychiatry and Neuroscience at Lieber Institute for Brain Development</td>
</tr>
<tr>
<td>Lindsay Standeven, MD</td>
<td>Schweizer Fellow</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Amy Tao, MD</td>
<td>Attending Psychiatrist</td>
<td>Intermountain Healthcare, Ogden, UT</td>
</tr>
<tr>
<td>Anne Walsh, MD</td>
<td>Research Clinician Educator Fellow</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td><em>Nadia Zaim</em></td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
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*Short-tracked into Child and Adolescent Psychiatry*

### Class of 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>Reena Ardesha, MD</td>
<td>Adult Psychiatrist</td>
<td>MedStar Harbor Hospital, Baltimore, MD</td>
</tr>
<tr>
<td>Doug D’Agati, MD</td>
<td>Schweizer Fellow</td>
<td>Johns Hopkins Mood Disorders’ Clinic</td>
</tr>
<tr>
<td>Margaret Heine, MD</td>
<td>Locum Tenens Psychiatrist</td>
<td>Good Samaritan Regional Medical Center, Portland, OR</td>
</tr>
</tbody>
</table>

*Short-tracked into Child and Adolescent Psychiatry*
CURRENT & PAST RESIDENTS

Cindy Huang, MD
Clinical Associate
Johns Hopkins Women’s Mood Disorder Center

Nadimire Jules-Dole, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Janet Lee, MD, JD
Private Practice
Ellicott City, MD

Nicole Leistikow, MD
Instructor
University of Maryland School of Medicine

Sumit Naig, MD, PhD
Adult Psychiatrist
Happier Living at the Genen Group, West Hollywood, CA

Virginia Pearson, MD
Medical Director of Admissions
Fairmount Behavioral Health, Philadelphia, PA

Elizabeth Prince, DO
Fellowship, Psychosomatic Medicine
University of Maryland School of Medicine

Stephanie Solazzo, MD
T32 Postdoctoral Fellowship, Addiction Research
Behavioral Pharmacology Research Unit, Johns Hopkins Bayview

*Steven Woods, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2016

Michael Brown, MD
Adult Psychiatrist
People Encouraging People, Baltimore County, Maryland

Ky Dorsey, MD
Adult Psychiatrist
McKay Dee Hospital, Ogden, Utah

*Caitlin Engelhard, MD, PhD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

Alexis Hammond, MD, PhD
T32 Postdoctoral Fellowship, Addiction Research
Behavioral Pharmacology Research Unit, Johns Hopkins Bayview

J. Gregory Hobelmann, MD, MPH
Staff Psychiatrist
Ashley Addiction Treatment, Havre de Grace, Maryland

Katherine McEvoy, MBCh
Fellowship, Women’s Reproductive Psychiatry
The Johns Hopkins University

David Mu, MD
Private Practice
Towson, Maryland

Zina Meriden, MD
Adult Psychiatrist
Northwestern University

Margo Nathan, MD
Fellowship, Women’s Mental Health
Brigham and Women’s Hospital

Jerry Sayers, MD
Fellowship, Neuropsychiatry
Johns Hopkins Bayview

*Nathalie Szilagyi, MD
Fellowship, Child & Adolescent Psychiatry
Yale Sotul Integrated Training Program

Jacob Taylor, MD, MPh
Postdoctoral Fellow
Brigham and Women’s Hospital, Stanley Center for Psychiatric Research of the Broad Institute

Matthew Taylor, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

Elizabeth Wise, MD
Fellowship, Geriatric Psychiatry
The Johns Hopkins University

Stelios Vantelas, MD
Locum Tenens Psychiatrist
Hawaii State Hospital, Kaneohe, Hawaii

*Short-tracked into Child and Adolescent Psychiatry
# CURRENT & PAST RESIDENTS

## CLASS OF 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Joseph Andrews, MD</td>
<td>Private Practice</td>
<td>Portland, Oregon</td>
</tr>
<tr>
<td>Sarah Ramsay Andrews, MD</td>
<td>Fellowship, Addiction Psychiatry</td>
<td>Oregon Health Sciences University</td>
</tr>
<tr>
<td>Arkaprava Deb, MD, MPH</td>
<td>Residency, Pediatrics</td>
<td>University of Wisconsin</td>
</tr>
<tr>
<td>John Dougherty, DO</td>
<td>Addiction Psychiatry Fellowship</td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>Jean Gauvin, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Yelena Gimelshteyn, MD</td>
<td>Private Practice</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Jill Kelly, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Paul Kim, MD, PhD</td>
<td>Faculty, Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Brian Lerner, MD</td>
<td>Fellowship, Addiction Psychiatry</td>
<td>University of Maryland</td>
</tr>
<tr>
<td>Rachnanjali Lal, MD</td>
<td>Group Practice</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Paul Nestadt, MD</td>
<td>Fellowship, Psychiatric Epidemiology</td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
</tr>
<tr>
<td>Matthew Peters, MD</td>
<td>Fellowship, Neuropsychiatry</td>
<td>Johns Hopkins Bayview</td>
</tr>
<tr>
<td>Traci Speed, MD, PhD</td>
<td>Fellowship, Sleep/Mood/Pain</td>
<td>Johns Hopkins Bayview</td>
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## CLASS OF 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Charles Arthur, III, MD</td>
<td>Clinical Associate, Electroconvulsive Therapy</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Helen Bellete, MD, MPH</td>
<td>Attending, DC Veterans Administration</td>
<td>Washington D.C.</td>
</tr>
<tr>
<td>Teresa Foley, MD</td>
<td>Attending</td>
<td>Rochester, Minnesota</td>
</tr>
<tr>
<td>Jessica Merkel-Keller, MD, MSc</td>
<td>Attending</td>
<td>MedStar Good Samaritan Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Geneva Osteen, MD</td>
<td>Attending</td>
<td>Gallup Indian Medical Center in Gallup, New Mexico</td>
</tr>
<tr>
<td>Minkyung Park, MD</td>
<td>Fellowship, Clinical Research</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>Joanna Pearson, MD</td>
<td>Clinical Associate</td>
<td>HRM Behavioral Health &amp; Psychiatry in Chapel Hill, North Carolina</td>
</tr>
<tr>
<td>Daniel Ruthven, MD</td>
<td>Clinical Associate, Eating Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Michael Silverberg, MD</td>
<td>Medical Director</td>
<td>Brandywine Hospital in Coatesville, Pennsylvania</td>
</tr>
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## CLASS OF 2013
CURRENT & PAST RESIDENTS

Yuval Asner, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
*John Michael Cruz, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
Ryan Greytak, MD  Fellowship, Geriatric Psychiatry  University of California San Diego Medical Center
*Chinedu Onyedike, MD, MPH  Fellowship, Child & Adolescent Psychiatry  Columbia University-New York Presbyterian
Sean Heffernan, MD  Fellowship, Psychosomatic Medicine  Massachusetts General Hospital
Jamie Hom, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
Vicki Kalira, MD  Fellowship, Addiction Psychiatry  New York University Langone Medical Center
Rachel Morano, MD  Attending  Bon Secours Hospital in Baltimore, Maryland
Olga Rafaelian, MD  Fellowship, Forensic Psychiatry  University of Maryland School of Medicine
*Alma Spaniardi, MD  Fellowship, Child & Adolescent Psychiatry  Columbia University-New York Presbyterian
Lee Spencer, MD  Fellowship, Addiction Psychiatry  University of Texas Southwestern
*Cassie Yu, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2012

Rebecca Birnbaum, MD  Fellowship, Neurobiology  The Johns Hopkins University, The Lieber Institute
*Shin-Bey Chang, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
Caitlin Costello, MD  Fellowship, Child & Adolescent Psychiatry  Columbia University-New York Presbyterian
Laura Ebner, MD  Attending, Emergency Psychiatry  Baltimore, Maryland
*Megan Gaare, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
Meghann Hennelly, MD  Fellowship, Child & Adolescent Psychiatry  Columbia University-New York Presbyterian
Mary Kimmel, MD  Fellowship, Mood Disorders  The Johns Hopkins University
Christopher Pagnani, MD  Private Practice  Philadelphia, Pennsylvania
*Smitta Patel, MD, MPH  Fellowship, Child & Adolescent Psychiatry  University of California Los Angeles
Savitha Puttaiah, MBBS  Attending  Sinai Hospital in Baltimore, Maryland
Erica Richards, MD, PhD  Fellowship, Mood Disorders  National Institute of Mental Health
Ryan Stage, MD  Attending  Healthcare for the Homeless in Baltimore, Maryland
*Grace Thammasuvimol, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University
*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2011

*Allan Anderson, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

*Matthew Burkey, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

Mirnova Ceide, MD
Fellowship, Geriatric Psychiatry
SUNY Downstate

James Disney, MD
Attending
Granville Health System in North Carolina

Sasikanth Doddapaneni, MD
Fellowship, Geriatric Psychiatry
University of Hawaii

*Nicole Edmond, MD
Fellowship, Child & Adolescent Psychiatry
The University of Florida

Joel Mack, MD
Fellowship, Geriatric Psychiatry
Oregon Health Science University

Daniel Matthews, MD
Fellowship, Psychopharmacology
National Institute of Mental Health

*Megan Mroczkowski, MD
Fellowship, Child & Adolescent Psychiatry
Columbia University-New York Presbyterian

Vinay Parekh, MD
Assistant Professor
The Johns Hopkins Hospital

Leon Que, MD
Attending
The Guerra Fisher Institute in Boulder, Colorado

José Ríos-Robles, MD
Private Practice Psychiatrist
San Juan, Puerto Rico

Anne Ruble, MD, MPH
Fellowship, Mood Disorders
The Johns Hopkins Hospital

Sina Saidi, MD
Attending
Mount Sinai Hospital in New York, New York

Sarah Tighe, MD
Fellowship, Neuropsychiatry
The Johns Hopkins Bayview Medical Center

Jason Williams, MD
Fellowship, Psychosomatic Medicine
George Washington University

James Yi, MD, PhD
Fellowship, Child & Adolescent Psychiatry
The Children's Hospital of Pennsylvania
*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2010

Denis Antoine, MD
Fellowship, Substance Abuse
The Johns Hopkins Bayview Medical Center

Crystal Clark, MD
Fellowship, Women’s Health
Baylor College of Medicine

Jennifer Coughlin, MD
Fellowship, Psychiatric Neuroimaging
The Johns Hopkins Hospital

*Mary Cutler, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University
## CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>Steven Galati, MD</td>
<td>Attending</td>
<td>Drexel University, Coatsville VA Hospital</td>
</tr>
<tr>
<td>Pamela Horn, MD</td>
<td>Medical Officer, Center for Drug Evaluation</td>
<td>Federal Drug Administration</td>
</tr>
<tr>
<td>Frederik Houts, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Amy Huberman, MD</td>
<td>Clinical Associate, University Mental Health</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Margaret Seide, MD</td>
<td>Clinical Associate, Eating Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Punit Vaidya, MD</td>
<td>Assistant Professor, Brain Stimulation Program</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Elizabeth Winter, MD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Savitha Puttaiah, MBBS</td>
<td>Attending</td>
<td>Sinai Hospital in Baltimore, Maryland</td>
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</table>

*Short-tracked into Child and Adolescent Psychiatry

## CLASS OF 2009

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>Eric L. Anderson, MD</td>
<td>Attending, Consultation Emergency Psychiatry</td>
<td>Anne Arundel Medical Center in Annapolis, Maryland</td>
</tr>
<tr>
<td>Paul Boulware, MD</td>
<td>Private Practice</td>
<td>Phoenix, Arizona</td>
</tr>
<tr>
<td>Rupali Chadha, MD</td>
<td>Fellowship, Forensics</td>
<td>University of California Los Angeles</td>
</tr>
<tr>
<td>Amanda S. Dorn, MD</td>
<td>Faculty, Women's Mood Disorders</td>
<td>University of North Carolina</td>
</tr>
<tr>
<td>*Deirdre Foster, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Gregory Foster, MD, JD</td>
<td>Fellowship, Neuropsychiatry</td>
<td>Baylor College of Medicine</td>
</tr>
<tr>
<td>Christina S. Hines, MD</td>
<td>Fellowship, Neuroimaging</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>Katherine Jou, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Erika Olander, MD</td>
<td>Attending</td>
<td>Sheppard Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Michael I. Polo, MD</td>
<td>Private and Hospital-Based Practice Psychiatrist</td>
<td>Santa Barbara, California</td>
</tr>
</tbody>
</table>

*Short-tracked into Child and Adolescent Psychiatry

## CLASS OF 2008

<table>
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<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>*Marsha Austin, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Ashley D. Bone, MD</td>
<td>Clinical Associate, Consultation-Liaison Psychiatry</td>
<td>The Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>*Candyce J. DeLoatch, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>*Patrick M. Kelly, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
</tbody>
</table>

*Short-tracked into Child and Adolescent Psychiatry
CURRENT & PAST RESIDENTS

S. Shane Kondrad, MD  
Fellowship, Forensic Psychiatry  
_Columbia University-New York Presbyterian_

Jennifer M. Meuchel, MD  
Clinical Associate, Community Psychiatry Program  
_The Johns Hopkins Hospital_

Mireille M. Meyerhoefer, MD, PhD  
Attending Psychiatrist, Neuropsychiatry Program  
_Lehigh Valley Hospital in Bethlehem, Pennsylvania_

Patricia S. Roy, MD  
Instructor, Mood Disorders  
_The Johns Hopkins University_

Stanislav Spivak, MD  
Fellowship, Psychiatric Epidemiology  
_The Johns Hopkins Hospital_

D. Andrew Tompkins, MD  
Fellowship, Substance Abuse  
_The Johns Hopkins Bayview Medical Center_

Antoinette M. Valenti, MD  
Fellowship, Child & Adolescent Psychiatry  
_The Johns Hopkins University_

Crystal C. Watkins, MD, PhD  
Fellowship, Neuroimaging & Mood Disorders  
_University of Maryland School of Medicine_

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2007

Jason H. Addison, MD  
Attending  
_Sheppard Pratt Hospital in Baltimore, Maryland_

Brian S. Appleby, MD  
Fellowship, Geriatric Psychiatry  
_The Johns Hopkins Hospital_

Emily A. Bost-Baxter, MD  
Fellowship, Affective Disorders  
_The Johns Hopkins Hospital_

Mina Brandes, MD  
Attending  
_Sheppard Pratt Hospital in Frederick, Maryland_

*Joseph M. Cocozzella, MD  
Fellowship, Child & Adolescent Psychiatry  
_The Johns Hopkins University_

Terri K. Crimmins-Tubb, MD  
Fellowship, Geriatric Psychiatry  
_(to begin 2008)_

Molly K. Cummings-Gavin, MD  
Private Practice  
_Baltimore, Maryland_

Ryan C.W. Hall, MD  
Fellowship, Forensic Psychiatry  
_Case Western Reserve University_

Edward L. Kaftarian, MD  
Fellowship, Forensic Psychiatry  
_University of California at Davis_

Cindy M.T. Le, MD  
Faculty  
_University of California San Francisco_

Medical Director, Threshold Services

Abby H. Morris, MD  
Private Practice  
_Silver Spring, Maryland_

Frederick Nucifora, DO, PhD  
Fellowship, Neurobiology  
_The Johns Hopkins Hospital_

Bradley J. Sadler, MD  
Medical Director, Sexual Medicine Consultation Service  
_Sheppard Pratt Hospital in Baltimore, Maryland_

*Charles T. Sweet, MD  
Fellowship, Child & Adolescent Psychiatry  
_Austin Medical Education Programs_

*Arman Taghizadeh, MD  
Fellowship, Child & Adolescent Psychiatry  
_The Johns Hopkins University_

Jennifer S. Teitelbaum, MD  
Fellowship, Affective Disorders  
_The Johns Hopkins Hospital_
CURRENT & PAST RESIDENTS

* Cindy Y.K. Thygeson, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

* Jason R. Yanofski, MD  
Fellowship, Child & Adolescent Psychiatry  
University of Texas-Southwestern

* Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2006

Vinay Arya, MD  
Private and Hospital-Based Practice  
Monmouth, New Jersey

Heather Bruce, MD  
Fellowship, Neuroscience Research  
The Johns Hopkins Hospital

Sara M. Calvert, MD  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Dimitry S. Davydow, MD  
Faculty, Psychosomatic Medicine  
The Johns Hopkins Hospital

Eve S. Fields, MD  
Faculty  
George Washington University

Fernando S. Goes, MD  
Fellowship, Affective Disorders & Genetics  
The Johns Hopkins Hospital

Jennifer A. Hanner, MD  
Fellowship, Addiction Psychiatry  
Columbia University-New York Presbyterian

Willis H. Hoyt, DO  
Attending  
Fort Leonard Wood, Missouri

Andrew R. Newberg, MD  
Fellowship, Mood & Anxiety Disorders  
National Institute of Mental Health

Gregory M. Pontone, MD  
Fellowship, Geriatric Psychiatry  
The Johns Hopkins Hospital

Alexander W. Thompson, MD, MBA  
Fellowship, Primary Care-Psychiatry  
University of Washington

CLASS OF 2005

Katherine P. Buchowski, MD, MPH  
Fellowship, Geriatric Psychiatry  
St. Louis University

Andy P. Casimir, MD  
Attending  
New York Presbyterian Hospital in Westchester, New York

Ana N. Cervantes, MD  
Fellowship, Forensic Psychiatry  
University of Maryland School of Medicine

Niccolo D. Della Penna, MD  
Faculty, Consultation-Liaison Psychiatry  
University of Chicago

Lawrence H. Dubester, MD, MBA  
Attending  
Franklin Square Hospital in Baltimore, Maryland

Christopher J. Dull, MD, JD  
Attending Psychiatrist, Private Practice and Centerstone  
Nashville, Tennessee

Jess G. Fiedorowicz, MD  
Fellowship, Mental Health Clinical Research  
University of Iowa

* Elana Harris, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins Hospital

* Vanessa C. Howells, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins Hospital

 Lucifer P. Kempf, MD  
Fellowship, Genes & Cognition & Psychosis  
National Institute of Mental Health
## Current & Past Residents

**Denise Leung, MD**  
Fellowship, Child & Adolescent Psychiatry  
*Current Location: Columbia University-New York Presbyterian*

**Phillip D. Kronstein, MD**  
Fellowship, Mood & Anxiety Disorders  
*Current Location: National Institute of Mental Health*

**Milena H. Smith, MD, PhD**  
Private Practice  
*Current Location: Annapolis, Maryland*

**Stacey V. M. Thompson, MD**  
Medical Director  
*Current Location: University Counseling Services in Baltimore, Maryland*

*Short-tracked into Child and Adolescent Psychiatry*

### Class of 2004

**Steven K. Chao, MD, PhD**  
Private Practice  
*Current Location: Bethesda, Maryland*

**Michelle M. Chuen, MD**  
Fellowship, Psychosomatic Medicine  
*Current Location: University of Maryland School of Medicine*

**Anisa D. Cott, MD**  
Attending  
*Current Location: Sinai Hospital in Baltimore, Maryland*

**Kenneth J. Garcia, MD**  
Attending  
*Current Location: Samaritan Medical Center in Watertown, New York*

**Evelyn E. Hazlett, MD**  
Associate Chief of Psychiatry  
*Current Location: Kaiser Permanent in Fremont, California*

**Scott A. Humphreys, MD**  
Fellowship, Forensic Psychiatry  
*Current Location: University of Colorado*

**Evan L. Jacobson, MD**  
Private Practice  
*Current Location: Northern Virginia*

**Cheryl L. Person, MD**  
Fellowship, Psychiatric Epidemiology  
*Current Location: The Johns Hopkins School of Public Health*

**Eric A. Samstad, MD**  
Private Practice  
*Current Location: Bethesda, Maryland*

**Nicholas J. Schor, MD**  
Private Practice  
*Current Location: Bethesda, Maryland*

**Matthew A. Schreiber, MD, PhD**  
Fellowship, Animal Models of Anxiety Disorders  
*Current Location: University of California San Francisco*

**Anthony C. Tamburello, MD**  
Fellowship, Forensic Psychiatry  
*Current Location: University of Maryland School of Medicine*

**Kathleen M. Young, MD**  
Fellowship, Child & Adolescent Psychiatry  
*Current Location: Columbia University-New York Presbyterian*

### Class of 2003

**Jerry R. Ainsworth, MD, PhD**  
Fellowship, Forensic Psychiatry  
*Current Location: University of California Los Angeles*

**Kamal H. Artin, MD**  
Faculty  
*Current Location: University of Southern California*

**R. Robert Auger, MD**  
Fellowship, Sleep Disorders  
*Current Location: Mayo Clinic*

**Azin E. Bekhrad, MD**  
Fellowship, Child & Adolescent Psychiatry  
*Current Location: The Johns Hopkins Hospital*

**Christopher P. Carroll, MD**  
Fellowship, Addictions Psychiatry  
*Current Location: The Johns Hopkins Bayview Medical Center*

**Melva I. Green, MD**  
Fellowship, Health Policy  
*Current Location: W.K. Kellogg Foundation*
CURRENT & PAST RESIDENTS

William E. Kulka, MD
Private Practice
San Francisco, California

Michelle R. Lofwall, MD
Fellowship, Addictions Psychiatry
The Johns Hopkins Bayview Medical Center

Evaristus A. Nwulia, MD
Fellowship, Psychiatric Genetics
The Johns Hopkins Hospital

Graham Redgrave, MD
Faculty, Eating Disorders
The Johns Hopkins Hospital

Thomas W. Sedlak, MD, PhD
Fellowship, Neuroscience
The Johns Hopkins Hospital

Boglarka Szabo, MD
Fellowship, Affective Disorders
The Johns Hopkins Hospital

Patrick T. Triplett, MD
Fellowship, Geriatric Psychiatry
The Johns Hopkins Hospital

CLASS OF 2002

Rachel Becker, MD
Private Practice
Baltimore-Washington Psychoanalytic Institute
Baltimore, Maryland

Michael Bunzel, MD
Faculty
Tel Hashomer / Sheba Hospital in Israel

Paul Cannistraro, MD
Fellowship, Anxiety Disorders
Massachusetts General Hospital

Maciej Chodynicki, MD
Fellowship, Psychiatric Epidemiology
The Johns Hopkins Hospital

Jillian Evans, MD
Fellowship, Consultation-Liaison
Fairfax/INOVA Hospital

James Gallagher, MD, JD
Private Practice
Lynchburg, Virginia

Allesa P. Jackson, MD
Faculty, The Community Psychiatry Program
The Johns Hopkins Hospital

Diane A. Klein, MD
Fellowship, Eating Disorders
Columbia University-New York Presbyterian

Ellen Li, MD
Fellowship, Geriatric Psychiatry
University of Washington

Tara C. Patterson, MD
Fellowship, Addictions Psychiatry
University of Maryland School of Medicine

Fabian M. Saleh, MD
Fellowship, Forensic Psychiatry
University of Massachusetts

Stephen L. Shopbell, MD
Private Practice
Oshkosh, Wisconsin

CLASS OF 2001

Saadia Alizai, MD
Fellowship, Forensic Psychiatry
University of Maryland School of Medicine

David Blass, MD
Fellowship, Geriatric Psychiatry
The Johns Hopkins Hospital

Susan Hobbs, MD
Private Practice
Baltimore, Maryland

Edward Kurz, MD
Private Practice
Ridgeway, Pennsylvania
### CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Langlieb, MD, MPH</td>
<td>Faculty, Mental Health Service</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Ho-Chang Lee, MD</td>
<td>Fellowship, Epidemiology</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Cynthia Major, MD</td>
<td>Attending</td>
<td>National Health Service Corps in Maryland</td>
</tr>
<tr>
<td>Jennifer Payne, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>Nicola Sater, MD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Lisa Seyfried, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Thomas Sixbey, MD</td>
<td>Private Practice</td>
<td>Annapolis, Maryland</td>
</tr>
<tr>
<td>Ajay Wasan, MD</td>
<td>Fellowship, Anesthesia &amp; Chronic Pain</td>
<td>Brigham and Women’s Hospital</td>
</tr>
</tbody>
</table>

### CLASS OF 2000

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Peter Betz, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Thomas Brashers-Krug, MD</td>
<td>Faculty, Schizophrenia &amp; Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>James Ethier, MD</td>
<td>Fellowship, Substance Abuse</td>
<td>The Johns Hopkins Hospital &amp; University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Adam Kaplin, MD, PhD</td>
<td>Fellowship, Neuroscience</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Chiadi Onyike, MD, MHS</td>
<td>Fellowship, Epidemiology</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Sarah Reading, MD</td>
<td>Fellowship, Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Daniel Sussman, MD, MBA</td>
<td>Attending, Public Psychiatry</td>
<td>Kentucky</td>
</tr>
<tr>
<td>*Rex Taber, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Carol Lynn Trippetelli, MD</td>
<td>Faculty, Eating Disorders</td>
<td>St. Joseph’s Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Leslie Walker, MD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Nancy Younan, MD</td>
<td>Private Practice</td>
<td>Washington D.C.</td>
</tr>
</tbody>
</table>

### CLASS OF 1999

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Nicola Cascella, MD</td>
<td>Faculty, Community Psychiatry &amp; Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Todd Cox, MD</td>
<td>Faculty, Associate Residency Director</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Jerrold Gray, MD</td>
<td>Private Practice</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>Jeffrey Hsu, MD</td>
<td>Faculty, Motivated Behaviors &amp; Adolescent Addictions</td>
<td>The Johns Hopkins Hospital</td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

Gary Lebendiger, MD  Private Practice
Atlanta, Georgia

Paul Molinar, MD, JD  Faculty
Sheppard and Enoch Pratt Hospital in Baltimore, Maryland

Tahir Rahman, MD  Private Practice
Kansas City, Missouri

Vani Rao, MD, MBBS  Fellowship, Neuropsychiatry
The Johns Hopkins Hospital

Irving Reti, MBBS  Fellowship, Neuroscience Research
The Johns Hopkins Hospital

Vell Rives, MD  Private Practice
Washington D.C.

Priscilla Cost, MD, PhD  Private Practice
Baltimore, Maryland

CLASS OF 1998

Susan Bailey, MD  Attending, National Health Corps
Maine

Alisa Busch, MD  Fellowship, Psychiatry Public Policy
Harvard University

Jill Carlson, MD  Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Anthony Drobnick, MD  Faculty, Affective Disorders
The Johns Hopkins Hospital

Caroline DuPont, MD  Private Practice
Washington D.C.

David Gotlib, MD  Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Benita Handa, MD  Faculty
Sheppard and Enoch Pratt Hospital in Baltimore, Maryland

Sharon Handel, MD  Fellowship, Geriatric Psychiatry
The Johns Hopkins Hospital

Angela Kim, MD  Fellowship, Forensic Psychiatry
University of Maryland School of Medicine

Lisa Kim, MD  Faculty, Geriatric Psychiatry
The Johns Hopkins Bayview Medical Center

James Potash, MD, MPH  Faculty, Affective Disorders & Emergency Psychiatry
The Johns Hopkins Hospital

CLASS OF 1997

Andrew Angelino, MD  Faculty
University of Colorado

William Belfar, MD  Fellowship, Forensic Psychiatry
Albert Einstein College of Medicine

Gregory Creager, MD  Private Practice
Texas, Houston

Leigh Ellison, MD  Faculty, Eating Disorders
The Johns Hopkins Hospital

Phillip Grob, MD  Fellowship, Geriatric Psychiatry
University of Maryland School of Medicine
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Kastelic, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Pittsburgh</td>
</tr>
<tr>
<td>Young Lee, MD</td>
<td>Private Practice</td>
<td>Northern Virginia</td>
</tr>
<tr>
<td>Robert Morrison, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Paul Rivkin, MD</td>
<td>Fellowship, Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Aliya Sayeed, MD</td>
<td>Fellowship, Public Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Michael Shepherd, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Virginia</td>
</tr>
<tr>
<td>Mark Winfrey, MD</td>
<td>Attending</td>
<td>Colorado State Hospital</td>
</tr>
</tbody>
</table>
The Johns Hopkins Hospital was founded 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 the modern era of medical education, research, and comprehensive patient care.

The “Hopkins Experiment,” moving students and residents from the laboratory and 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, the latter which was established in 1893, were models of medical and surgical care for the nation. This distinction remains intact after over 100 years. The Johns Hopkins Hospital and the Johns Hopkins School of Medicine are the founding institutions of modern American medicine and the birthplace of numerous traditions including “rounds,” “residents,” and “house staff.”

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 over 100 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.
THE DEPARTMENT OF PSYCHIATRY

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,” in honor of 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 Dr. Leo Kanner, the author of the first textbook in the field and the first to describe autism.

DEPARTMENT RANKINGS

In U.S. News and World Report rankings of psychiatry departments, the Johns Hopkins Department of Psychiatry has been consistently among the top five. The department also consistently ranks nationally among the top departments in psychiatry research federal funding by the National Institutes of Health.

FELLOWSHIPS

Fellowship opportunities in the department include Child and Adolescent Psychiatry, Geriatric Psychiatry, Neuropsychiatry, Neuroimaging, Affective Disorders, Substance Abuse, Public and Community Psychiatry, and Psychosomatic Medicine, as well as 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 in the Department of Mental Health.

A detailed description of these fellowships can be found on the departmental website: www.hopkinsmedicine.org/psychiatry/education/fellowships/index.html

THE FACULTY

There are over 180 full-time faculty within the Department of Psychiatry, 84 MDs and 96 PhDs. Many faculty members have joint appointments in the School of Public Health or in other departments at the Johns Hopkins Hospital, including Medicine, Neurology, and Pediatrics. In addition to full-time faculty, there are over 170 part-time faculty with the Department of Psychiatry who are available to serve as additional supervisors and mentors for residents. All full-time MDs are involved in clinical work and research. The MD faculty members attend for part of the year on the inpatient wards.

SALARY & BENEFITS

- Annual house staff salary for the 2019-2020 Academic Year:
  - PGY1: $56,039
  - PGY2: $58,402
  - PGY3: $61,214
  - PGY4: $63,776
• Vacations:
  PGY I      Two two-week vacations
  PGY II     Four one-week vacations
  PGY III-IV Four weeks of vacation, up to two weeks at a time
• Hospital-wide benefits include health insurance, disability insurance, dental insurance, life insurance, white coats and scrubs, retirement fund contributions, and meals on-call.
• Maryland medical license fees and renewals are paid for by the department.
• Residents receive a yearly book budget.
• Lunch is provided four to five times per week for residents.

More information about resident contracts and benefits can be found at:
http://gme.med.jhmi.edu/fellows/gmec-contracts-policies/
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 powerhouse 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, the 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

Fell’s Point is a historic waterfront area, home to over 350 original colonial period buildings, including the oldest house in Baltimore, which is now a museum. The area remains an attraction for all ages, with numerous restaurants, pubs, boutiques, and antique shops. Fell’s Point is approximately one and a half miles south of the Johns Hopkins Hospital.
CANTON
Canton is a recently developed waterfront area adjacent to Fell’s Point with numerous shops, clubs, bars, restaurants, and dessert spots. It is an area that attracts young professionals for exciting nightlife and relaxing Sunday brunches. Canton is approximately two miles southeast of the Johns Hopkins Hospital.

MOUNT VERNON
Mount Vernon is the geographic and cultural center of the city with fine galleries, relaxing parks, fountains, statues, and gardens. The 178-foot Washington Monument dominates this area. Fashionable apartments and ornate townhomes make it a popular place to live. Mount Vernon is about two miles west of the Johns Hopkins Hospital and has a direct shuttle to the Hospital.

FEDERAL HILL
Federal Hill is an area near the Inner Harbor that is growing rapidly. Part of it remains an old-town colonial community with elegant row houses. Growing along the harbor are condominiums and townhomes. With historic and charming restaurants, bars, and shops, the area is perfect for an afternoon ramble. The bustling nightlife attracts young professionals and sports fans to the area. Cross Street Market is a centrally-located place for sports fans, seafood lovers, and friendly neighbors to gather. Federal Hill is approximately three miles southwest of the Johns Hopkins Hospital.

BOLTON HILL
Bolton Hill is a quaint, beautiful residential neighborhood with historic townhomes and brick sidewalks, and home to the Maryland Institute College of Art. Bolton Hill is approximately three miles northwest of the Johns Hopkins Hospital.

CHARLES VILLAGE
Charles Village is residential neighborhood adjacent to the Johns Hopkins University undergraduate campus and the Baltimore Zoo. Charles Village is approximately four miles northwest of the Johns Hopkins Hospital.

HAMPDEN
Hampden has an eclectic and artistic ambience and a wide range of restaurants, vintage clothing stores, thrift shops, and used furniture stores. Hampden is approximately five miles northwest of the Johns Hopkins Hospital.

MOUNT WASHINGTON
Mount Washington has a quaint, suburban feel. There are lush natural surroundings with many trees, greenery and parks. Young and retired professionals enjoy the coffee shops, wine markets, and fine restaurants. Mount Washington is approximately eight miles northwest of the Johns Hopkins Hospital.

SURROUNDING BALTIMORE
Baltimore enjoys a central position on the East Coast. AMTRAK services in Baltimore are available at the newly renovated Penn Station, two miles from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30 minute trip), Philadelphia (90 minute trip), and New York City (three hour trip). The
Baltimore-Washington International Airport (BWI) is 12 miles from the city and offers a full range of national and international flights daily.

WASHINGTON D.C.
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 D.C. offers a wide variety of restaurants, specialty shops, and bookstores.

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

Waters
The Chesapeake Bay, bountiful with seafood including Baltimore’s favorite oysters and blue crabs, offers swimming, sailing, motor boating, and fishing. Along the Eastern Shore, flat terrain dotted with country towns and fishing villages, makes for great bicycling and sightseeing. The beaches of Ocean City, Maryland and Rehoboth, Delaware are easy day trips from Baltimore.

Parks
Maryland’s state parks systems covers more than 471,000 acres of mountains, woods, lakes, and rivers for hiking, camping, boating, fishing, and hunting. In particular, the mountains of Western Maryland, between the Blue Ridge and Allegheny Mountains, are an excellent spot for hikers and campers. Deep Creek Lake, a year-round resort, offers a variety of water sports in the summer and skiing in winter. Canoeing and rafting are especially popular along the canal and on the white waters of the Potomac and Youghiogheny rivers.
## GRAND ROUNDS TOPICS FROM THE 2018-2019 ACADEMIC YEAR

<table>
<thead>
<tr>
<th>Speaker</th>
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<tbody>
<tr>
<td>Jennifer Payne, MD</td>
<td>Stigma and Antidepressant Use during Pregnancy</td>
</tr>
<tr>
<td>Chris Ross, MD, PhD</td>
<td>The disease model and the perspectives of psychiatry: implications for education</td>
</tr>
<tr>
<td>Jimmy Potash, MD, MPH</td>
<td>Shedding Light on Depression</td>
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<tr>
<td>Joe Bienvenu, MD, PhD</td>
<td>Serotonin Syndrome</td>
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<tr>
<td>Peter Zandi, PhD</td>
<td>The Latest in Pharmacogenetic Testing in Mood Disorders</td>
</tr>
<tr>
<td>Joe McGuire, PhD</td>
<td>Tie Talk: Managing Tics and Tourette's Disorder</td>
</tr>
<tr>
<td>Fred Nucifora, DO, MHS, PhD</td>
<td>Treatment resistant schizophrenia as a subtype of the illness and ways to address heterogeneity in mental disorders</td>
</tr>
<tr>
<td>Marco Grados, MD</td>
<td>A Pediatric OCD Linkage Study: Cell Adhesion and Neuroplasticity in Anxiety and Neurodevelopmental Phenotypes</td>
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<tr>
<td>Eric Strain, MD</td>
<td>Why we wear white coats at Johns Hopkins Psychiatry</td>
</tr>
<tr>
<td>Graham Redgrave, MD</td>
<td>Character</td>
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<tr>
<td>Bob Findling, MD</td>
<td>The Clinical Salience of Pharmacokinetic and Drug Metabolism Studies in Pediatric Psychopharmacology</td>
</tr>
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<td>Russ Margolis, MD</td>
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Katherine P. Rankin, PhD  
Neural Networks Underlying Empathy in Health and Neurogenerative Disease

John Geddes, MD, FRCPsych  
Rediscovering Drug Discovery in Bipolar Disorder

Kellie L. K. Tamashiro, PhD  
Anorexia Nervosa: Behavioral and Neurobiological Insights Using Animal Models

Catherine Stanger, PhD  
Using Incentives to Motivate Abstinence Among Substance-Using Teens: A Family-Based Approach

Mary M. Sweeney, PhD  
The Buzz on Caffeine: Energy Drinks, Alcohol, and Caffeine Use Disorder

Kaj Blennow, Docent  
Ossoff Lecture

Scott D. Halpern, MD, PhD, M.Bioethics  
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Sharon L. Larson, PhD  
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Rochelle E. Tractenberg, PhD, MPH, PStat, FASA  
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RESEARCH CONFERENCE TOPICS FROM THE 2015-2016 ACADEMIC YEAR

Daniel H. Ebert, MD, PhD  
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Raye Z. Litten, PhD  
Strategies to Increase the Efficiency and Effectiveness of NIAAA’s Medications Development Program

Jonathan P. Ling, PhD  
TDP-43 Represses Cryptic Exons in FTD: Therapeutic and Diagnostic Potentials

Fred Nucifora, Jr. DO, MHS, PhD  
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Nicole Avena, PhD  
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Rashelle J. Musci, PhD  
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Dinesh Bhugra, MBBS, PhD  
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Colleen Barry PhD, MPP  
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Jeremy Veenstra-VandeWeele, MD  
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Edward Huey, MD  
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John Kelsoe, MD  
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Joel Kleinman, MD, PhD  
Genetic Variation and Alternative Transcripts in Human Brain Development and Schizophrenia

Kimberly M. Christian, PhD  
Integrating Animal Models and Human iPSCs to Study Psychiatric Disorders

Dror Ben-Zeev PhD  
Mobile Health (mHealth) for Serious Mental Illness

Ryan Vandrey, PhD  
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Hashimoto-Tori Kazue, PhD  
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David Schretlen, PhD  
The Ubiquity of Cognitive Dysfunction in Medicine & Global Neuropsychology in the 21st Century

Shin-ichi Kano, MD, PhD  
Emerging tools and ideas in biological understanding of mental illness: from human cell biology to immune mechanisms

Adam Kaplin, MD, PhD  
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Sarven Sabunciyan, PhD  
Brain Expression of Repetitive Element Loci in Schizophrenia, Bipolar Disorder and Major Depression

Frederick Barrett, PhD  
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Scott J. Russo, PhD  
Glutamatergic Circuit Plasticity in Stress-Related Disorders

Katherine Sharkey, MD, PhD  
Circadian Rhythm Disruption and Perinatal Mood Disorders: Why Sleeping Like a Baby isn’t Good for New Mothers
Elizabeth Stuart, PhD Applying propensity score methods in psychiatry and psychology: Case study of suicide prevention using Danish registry data

Dani Fallin, PhD It all Starts with Epi! The Integration of Epidemiology, Genetic Epidemiology, and Epigenetics in Mental Health

Cassandra Gipson, PhD Rapid, Transient Plasticity in Cocaine and Nicotine Relapse: New Directions for Pharmacotherapeutic Intervention

Flavio P. Kapczinski, MD Inflammatory changes in bipolar disorder: current findings and future perspectives

Elise Weerts, PhD Mediations Development Using an Animal Model of Alcohol Drinking and Cue Reactivity

Michele Ybarra, PhD, MPH Drawing upon successes in other fields to inform opportunities for technology-based mental health promotion

Eric Strain, MD Buprenorphine: The Science of Its Development to Clinical Use

Lisa Dixon, MD, MPH Considering the Science of Recovery from SMI

Mary Barber, MD LGBT Mental Health Research, past, present and future

Michael F. Green, PhD Parsing the Social Brain in Schizophrenia

Anika Alvanzo, MD, MS Sex and Race/Ethnicity Differences in Development of Alcohol Dependence and Alcohol-related Service Utilization.

Sarah M. Horwitz, PhD Children’s Mental Health Services Use: the LAMS Study

Hadine Joffe, MD, MSc Biology of Perimenopausal Depression

Robert Stevens, MD Neural Basis of Delirium: Insights from Neuroimaging

Michael Thase, MD Do antidepressants really work? A review of the recent controversy

Vidyulata Kamath, PhD Olfactory processing in schizophrenia, non-ill first-degree family members, and young people at-risk for psychosis

Maxine Stitzer, PhD NIDA’s Drug Abuse Treatment Clinical Trials Network: Research and Relevance

Andrew H. Miller, MD Cytokines Sing the Blues: Mechanisms, Mediators and Translational Implications

Renato D. Alarcon, MD Science and Humanism in contemporary American Psychiatry

Ramin Mojtabai, MD, MPH, PhD National Trends in Psychological Distress, Depression, and Mental Health Treatment Seeking

Deborah Kim, MD The Use of Transcranial Magnetic Stimulation for Antenatal Depression

Francis J. McMahon, MD Integrative Genomics of Bipolar Disorder

Sandra Comer, PhD Pain and Opioid Abuse: A Tangled Tale

Brady Maher, PhD Functional analysis of the Schizophrenia and Autism gene TCF4 in the developing neocortex

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Kristen Brennand, PhD In-Vitro Modelling of Predisposition to Schizophrenia

Kenneth Kendler, MD Psychiatric Genetic Epidemiology: A Current Perspective

Evaristus Nwulia, MD Using Olfactory Neuroepithelium as a Dynamic Marker of Lithium Response

Declan Barry, PhD Co-occurring Chronic Pain and Opioid Addiction

Jean Lud Cadet, MD Epigenetic Mechanisms of Methamphetamine’s Regulation of Striatal Glutamate Receptors

Zachary Stowe, MD Maternal Mental Illness: The First Adverse Life Event

Rebecca Corwin, PhD You are HOW you Eat: Preclinical Evidence that Binge Eating Affects the Brain

Courtney Keeton, PhD Pediatric Anxiety and the Family Context

Steve Hyman, MD Genetic Revolution in Psychiatry: Putting the Findings to Work

David Oslin, MD A Step Care Approach to Alcohol Addiction
David Steffens MD Depression, Cognitive Impairment, and Cognitive Decline  
Ken Mackie, MD Receptors Gone Wild: CB2 Cannabinoid Receptor Signaling in Neurons, and the Consequences of CB2 Receptor Functional Selectivity  
Susan Carnell, PhD Perspectives on Obesity: Studying Familial, Genetic, and Neural Contributions to Appetite in Children  
Paul Appelbaum, MD Guns and Mental Illness: Review of Restrictions on Access to Guns  
G. Caleb Alexander, MD, MS Impact of FDA Risk Communications on Patient, Provider, and Firm Behavior  
Seth Margolis, PhD Mechanisms of Angelman Syndrome: From UBE3A Substrates to Synapse Restriction  
Stephan Heckers, MD MSc What is Wrong with the Hippocampus in Psychosis?  
Maura Furey, PhD The Role of Cholinergic Dysfunction in Mood Disorders: Clinical Trials and Functional Neuroimaging Studies  
David Goldstein, PhD Identifying Pathogenic Mutations in Patients with Neurodevelopmental Disease  
Richard S. Lee, PhD Understanding the Role of Stress and Epigenetics in Psychiatry  
Barbara Rothbaum, PhD, ABPP Can PTSD be Prevented with Early Intervention?  
Zachary Kaminsky, PhD Identification and Replication of a Novel Epigenetic and Genetic Biomarker for Suicidal Behaviors  
Anne S. Bassett, MD, FRCPG Genetics for Clinical Practice in Schizophrenia  
Gene-Jack Wang, MD Functional Neuroimaging of Obesity  
Patrick Finan, PhD The Role of Positive Affect in Chronic Pain and its Treatment  
Dr. Paul Summergrad, MD Obesity as a Chronic Metabolic stressor  
Dr. Lawrence P. Reagan, PhD Neuroimaging Genetic Influence in Normal Cognitive Aging  
Venkata S. Anand Mattay, MD Rapidly Acting Antidepressants: Putative Mechanisms of Action and Implications for Novel Therapeutics  
Wayne Drevets, MD Sphingolipids and Neurodegenerative Diseases: A Common Pathway for Multiple Pathologies?  
Michelle M. Mielke, PhD Families Matter: Critical Role of Families in Reducing Risk & Promoting Well-Being for Lesbian, Gay, Bisexual, and Transgender Youth  
Caitlin Ryan, PhD, ACSW Critical Roles for Puberty and Ovarian Hormones in the Development of Eating Disorders: Evidence from Human and Animal Models  
Kelly Klump, PhD Incidence and Treatment of Trauma and PTSD in Substance Use Patients  
Jessica Peirce, PhD Agitation as a Target for Treatment Development: Citalopram and Other Innovations  
Constantine G. Lyketsos, MD, MHS  

**RESEARCH CONFERENCE TOPICS FROM THE 2012-2013 ACADEMIC YEAR**  
Adam Kaplin, MD, PhD SCUBA, Spinal Rehabilitation and Suicidality: The Serotonin Connection  
Markus Heilig, MD, PhD Personalized Approaches to the Treatment of Abuse Addiction  
René Khan, MD, PhD Why Kräepelin was Right: Schizophrenia as Dementia Praecox  
Luigi Ferrucci, MD, PhD Exploring the Phenotypes of Aging: A New Look to Chronic Diseases  
George R. Uhl, MD, PhD Addiction Genetics and the Brain: A PostGWAS Perspective From Human Datasets and Mouse Models  
Kelly Dunn, PhD Using Incentives to Promote Behavior Change  
Carlos Zarate, MD An Update on the Neurobiology of Depression and the Development of Rapid-Acting Antidepressants and Biomarkers of Response  
Ramin Mojtabai, MD, PhD, MPH Antidepressants and Diabetes: Is There a Link?  
Francis S. Y. Lee, MD, PhD Role of Neurotrophins in Fear-Related Learning Across Development  

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Can Transcranial Direct Current Stimulation Improve Cognitive Functioning in Schizophrenia?

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Frederick Lenz MD
Annie Umbricht, MD
Robert Randolph Edwards, PhD
Samer Hattar, PhD
Wayne Katon MD
John Bridges PhD
Guo-li Ming, MD, PhD
Marian Tanofsky-Kraff, PhD
Kelly Posner, PhD
Bruce Turetsky, MD
Keri Martinowich, PhD
William M. Byne, MD, PhD
Dwight Bergles, PhD
Monique Ernst, MD, PhD
Katherine Phillips, MD
Ted Abel, PhD
Samantha E. Melzter-Brody, MD
Clifford B. Saper, MD, PhD
John M. Oldham, MD
James Knierim, PhD
Erin Winstanley, PhD
Colm Cunningham, PhD

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Solange Brown, MD, PhD
Sharon Inouye, MD, MPH
Karen Swartz, MD
Tom Hyde, MD, PhD
O. Joseph Bienvenu, MD, PhD
Jeannie-Marie Leoutsakos, PhD
Paul Worley. MD

The Role of Cell-Type Identity in Delineating the Functional Organization Of Cortical Circuits

Sharon Inouye, MD, MPH
Karen Swartz, MD
Tom Hyde, MD, PhD
O. Joseph Bienvenu, MD, PhD
Jeannie-Marie Leoutsakos, PhD
Paul Worley. MD

Delirium in Older Persons: A Research Update
The Adolescent Depression Awareness Program (ADAP): Moving from Program Development to Evaluation
GABA Signaling Elements, Brain Development, and Schizophrenia
Is Obsessive-Compulsive Disorder an Anxiety Disorder, and What, If Any, Are Obsessive-Compulsive Disorder-Related Conditions? A Family Study Perspective
Carving Nature at its Joints: Applications of Mixture Models in Psychiatry
Synaptic Signaling and Cognitive Disease
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