THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Residency Program

Prospectus 2016–2017

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Revised 10/12/2016
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Revised 10/12/2016
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 is designed to provide a comprehensive and broad-based education in clinical psychiatric diagnosis and treatment. The didactic portion of the curriculum is organized to present the body of knowledge 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

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

Applications for ten PGY-I residency positions and three PGY-II 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, www.hopkinsmedicine.org/som/gme/GMEC/policies/index.html.

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

The Residency Program of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine is accredited by the Accreditation Council on Graduate Medical Education’s Residency Review Committee for Psychiatry to provide four years of training.
PROGRAM OVERVIEW

RESIDENCY IN PSYCHIATRY AT THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

The mission of the Johns Hopkins Psychiatry Residency is to foster clinical excellence, leadership, and scholarship. Graduates of the program work in every clinical practice setting, and lead clinical and research teams nationwide. We approach the training mission systematically by combining closely-supervised intensive clinical experiences in multiple settings with a comprehensive didactic program. Experiences are aligned with the health care reform demands of the contemporary era in giving residents clinical responsibilities within an integrated continuum of progressive complexity on the wards and in the clinics.

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 PGY-I to PGY-IV year. This Prospectus outlines the objectives for each year of residency and the clinical and didactic curricula aimed to help residents reach those objectives.

PGY-I 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.
PGY-II 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

PGY-III 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 on the theoretical underpinnings and the practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, 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

**PGY-IV 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 chairman 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
Fostering Scholarship: Research Opportunities

While residents are not required to engage in formal clinical or bench research, we expect that by the end of their PGY-IV year our residents will have engaged in scholarship sufficient to give a 30-minute presentation to their peers. For those who are interested in pursuing more formal research, there are many opportunities: 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.

Throughout residency, residents have multiple opportunities to participate in research projects with faculty. Many residents also take advantage of the numerous postdoctoral and fellowship training opportunities within the department for a more extensive period of concentrated research.

A complete description of the ongoing research programs in the department can be found on the research website:

www.hopkinsmedicine.org/psychiatry/research
# Clinical Rotations

## The Johns Hopkins Bayview Medical Center

**Internal Medicine**
- **(6 Months)**
  - 4 months Inpatient Wards
  - 1 month Cardiac Intensive Care Unit
  - ½ month Medical Intensive Care Unit

**Neurology**
- **(2 Months)**
  - 1 ½ months Inpatient
  - ½ month Outpatient

**Psychiatry**
- **(4 Months)**
  - Inpatient Adult General Psychiatry (12 to 14 weeks)
  - Outpatient Psychiatry Clinics (3 to 4 weeks)

## The Johns Hopkins Hospital

**MEYER 3 Inpatient**
- **(3 Months)**
  - Motivated Behaviors Unit
  - Intensive Treatment Unit
  - Short-stay Community Psychiatry Service

**MEYER 4 Inpatient**
- **(3 Months)**
  - Eating Disorders Service
  - Adult Affective Disorders Service
  - Young Adult & Adolescent Affective Disorders Service

**MEYER 5 Inpatient**
- **(3 Months)**
  - General Psychiatry Service
  - Schizophrenia Service

**MEYER 6 Inpatient**
- **(2 Months)**
  - Geriatric Psychiatry Services
  - Chronic Pain Center

**Child & Adolescent**
- **(1 Month)**
  - Inpatient Service

**General Hospital Psychiatry**
- **(4 Months)**
  - 2 months Consultation-Liaison Service
  - 2 months Emergency Psychiatry

**Outpatient Department**
- **(8 Months)**
  - Community Psychiatry Clinic
  - Family and Couples Therapy Clinic
  - Anxiety Clinic
  - Affective Disorders Clinic
  - Sexual Behaviors Clinic
  - Schizophrenia Clinic
  - Forensics
  - Psychodynamic Psychotherapy Supervision
  - HIV Psychiatry Clinic
  - Child Psychiatry Clinic
  - Mobile Treatment (COSTAR)

**ELECTIVE**
- **(6 Months)**
  - Clinical or Research Elective designed by each PGY-IV resident in conjunction with a faculty mentor
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 Chairman’s Service Rounds, Teaching Rounds, Departmental Grand Rounds, as well as a monthly Journal Club and Book Group. 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.

- **CHAIRMAN’S SERVICE ROUNDS**
  In this two-hour weekly didactic session, one resident presents a patient to the Psychiatry Department Chairman. The Chairman 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 Chairman 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 Chairman of Psychiatry.

- **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 PGY-1 year, the residency directors, Drs. Graham Redgrave and John Lipsey, conduct teaching rounds with the interns. 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, the Schizophrenia Service, and the Sexual Behaviors Consultation Unit.

- **PSYCHIATRY DEPARTMENTAL GRAND ROUNDS**
  During Grand Rounds, a patient is presented by one of the residents, interviewed by the Chair, and then a faculty member gives a lecture related to the case under consideration. The Chair 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 2015-2016 are listed below, and for prior years in the Appendix.

**GRAND ROUNDS TOPICS FROM THE 2015-2016 ACADEMIC YEAR**

- J. Raymond DePau, Jr., MD  
  *Psycho-education Patient and Family Centered Care*
- Eric Strain, MD  
  *Opioid Dependence and Its Treatment*
- Geetha Jayaram, MD  
  *The Use of Rapid Response Teams in Psychiatry*
- Fred Nucifora, PhD, DO, MHS  
  *Early Phases of Clozapine Clinic*
- Claudia Campbell, PhD  
  *Disparities in Pain: Ethnic Differences in Pain Perception*
- Jennifer Payne, MD  
  *Antidepressant Use in Pregnancy: The Myths, The Realities, The Stigma*
- Graham Redgrave, MD  
  *Reducing Harm Reduction in Severe and Enduring Anorexia Nervosa*
- Jennifer Haythornthwaite, PhD  
  *Women’s Careers in Academic Medicine and the Importance of Mentoring*
- Karen Swartz, MD  
  *Guilt*
- Carissa Perry-Parrish, PhD  
  *Child and Parent Coping with Medical Stress: An Emotion Regulation Perspective*
- Joe Bienvenu, MD  
  *Intensive Care Unit Diaries*
- Tracy Vannorsdall, PhD  
  *Cancer-Associated Cognitive Change: The Role of Neuropsychology in Cancer Care*
- Glenn Treisman, MD  
  *Patient Centered Medical Home*
- Fred Berlin, MD  
  *Gender Dysphoria*
- Karen Seymour, PhD  
  *Emotion Regulation in ADHD*
- Akira Sawa, MD, PhD  
  *Precision Psychiatry*
- Quincy Samus, PhD  
  *Advancing Family-Centered Dementia Care Models: The MIND at Home Studies*
- Constantine Lyketsos, MD  
  *Deep Brain Stimulation for Alzheimer’s Disease?*
- Gerald Nestadt, MD  
  *Obsessive-Compulsive Disorder: A Review*
- Susan Lehmann, MD  
  *The Geriatric Mental Health Workforce Crisis Ahead: How Medical Student Education Needs to Change*
- Angela Guarda, MD  
  *Restrictive Eating Disorders and Gut Feelings*
- Deirdre Johnston, MD  
  *Advancing Family-Centered Dementia Care Models: The MIND at Home Studies*
- Jin Jui Joo, MD  
  *Engaging Older Adults in Depression Care: An Innovative Model Using Peer Mentors*
- Anita Everett, MD  
  *Accountable, Integrated, and Collaborative: U.S. Behavioral Health Care in the Twenty-First Century*
- John Lipsey, MD  
  *Why We Need Large, Diverse, and Specialty-Focused Inpatient Units*
- Michelle S. Horner, DO  
  *Developmental Perspectives: Early Risk Factors for Substance Use Disorder*
- David Edwin, PhD  
  *Complex Tissue Allotransplantation: New Developments Raise New Questions*
- Meg Chisolm, MD  
  *Alternative Metrics for Measuring Scholarly Impact: What Academic Psychiatrists Need to Know*
- Jason Brandt, PhD  
  *Neuropsychological Aspects of Epilepsy and Its Surgical Management*
- Vani Rao, MD  
  *Neuropsychiatry of the Traumatized Brain*
- Kelly Dunn, PhD  
  *The Opioid Withdrawal Syndrome and Detoxification Strategies*
- Christopher Ross, MD  
  *Bipolar Disorder: Clinical Syndrome and a Mouse Model – Disease vs. Dimension*
The Reading of the Mind book group, led by residents under the guidance of Dr. Margaret Chisolm, is a growing collaboration between the Johns Hopkins Hospital and the Maudsley Hospital in London, England. Active at the Maudsley Hospital since 2010 and the Johns Hopkins Hospital since 2013, Reading the Mind aims to provide an avenue for psychiatry residents to come together to discuss topics critical to the development and history of psychiatry, including psychoanalysis, psychology, philosophy, sociology, anthropology, and neuroscience. The group meets approximately once per month, hosted in the home of Dr. Chisolm. Below is a list of books that have been discussed at the Reading of the Mind include:

- Thomas Szasz *The Myth of Mental Illness* (1961)
- Russell Jacoby *Social Amnesia* (1975)
- Rachel Cooper *Psychiatry and Philosophy of Science* (2008)
- Ian Hacking *Rewriting the Soul* (1995)
- Viktor E. Frankl *Man's Search for Meaning* (1946)
- Kay Jamison *An Unquiet Mind* (1997)

Each month, a faculty member 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.
PGY-I 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 six patients under the supervision of an attending psychiatrist. Each intern spends three months on the inpatient service and four weeks on the consult service.

- **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 six 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 for four weeks on the Cardiac Intensive Treatment Unit (CICU) and two weeks on the Medical Intensive Treatment Unit (MICU), both with separate didactic schedules. 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.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Medicine SCHEDULE</th>
<th>PGY-I Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>WEEKDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>07:45 am to 08:30 am</td>
<td>Morning Report Didactic</td>
</tr>
<tr>
<td>08:30 am to 09:00 am</td>
<td>Medicine team didactics</td>
</tr>
<tr>
<td>09:00 am to 11:00 am</td>
<td>Bedside team rounds</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Medicine House Staff Seminar</td>
</tr>
<tr>
<td></td>
<td><em>Intern Support Group (Thursdays)</em></td>
</tr>
<tr>
<td><strong>WEDNESDAYS</strong></td>
<td>01:00 pm to 02:00 pm</td>
</tr>
<tr>
<td></td>
<td>Bedside Rounds with Dr. Hellman</td>
</tr>
<tr>
<td><strong>WEEKENDS</strong></td>
<td>Interns cover either Saturday or Sunday with their team.</td>
</tr>
</tbody>
</table>
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 two months on the inpatient unit, interns rotate for four weeks in neurology outpatient clinics, including stroke, movement disorders, seizure disorders, headache, and sleep disorders. 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.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Neurology SCHEDULE</th>
<th>PGY-I Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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</table>

<table>
<thead>
<tr>
<th>WEEKDAYS</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>08:00 am to 08:30 am</td>
<td>Neurology Chief Resident Didactic</td>
</tr>
<tr>
<td></td>
<td>08:30 am to 10:00 am</td>
<td>Bedside team rounds</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 01:00 pm</td>
<td>Neurology House Staff Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intern Support Group (Thursdays)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THURSDAYS</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Neurology Grand Rounds</td>
<td></td>
</tr>
</tbody>
</table>

| WEEKENDS                | Interns help cover the service on either Saturday or Sunday of each week. |

DIDACTIC CURRICULUM

Interns participate in weekly Service Rounds with the Chairman of the Department of Psychiatry at Johns Hopkins Bayview. During their psychiatry rotation, interns meet for two hours of didactics weekly, in addition to one hour of individual psychotherapy supervision. They also participate in weekly Teaching Rounds with the residency directors, Drs. Graham Redgrave and John Lipsey, or other faculty. 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.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Psychiatry SCHEDULE</th>
<th>PGY-I Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
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<table>
<thead>
<tr>
<th>MONDAY</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am to 12:30 pm</td>
<td>Psychiatry Grand Rounds</td>
<td></td>
</tr>
<tr>
<td>12:30 pm to 01:30 pm</td>
<td>Phenomenology Seminar</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAY</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Service Rounds with the Chair</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAY</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Pharmacotherapy Seminar</td>
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</tbody>
</table>
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
Seminary 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
- Management of Anxiety Disorders
- Treatment of Sleep Disorders
- Drug Treatment in Geriatric Psychiatry
- Treatments for Dementia
- Substance Abuse Detoxification
- Early Treatment Engagement Principles for Substance Abuse
- Engaging Community Systems of Care
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 PGY-II 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 PGY-II 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 PGY-II year and four outpatients during the PGY-III year and PGY-IV years. The residents typically follow a total of ten to twenty patients by their PGY-IV year.

*Henry Phipps Psychiatric Service*

Residents spend the majority of the PGY-II 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 Short Stay Community Psychiatry Service. There are also day hospitals associated with the inpatient units, including Schizophrenia, 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.
PGY-II 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 2-3 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 Chairman Rounds as well as several other didactics. These didactics include the Summer Session Series, the PGY-II 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 PGY-II residents.

<table>
<thead>
<tr>
<th>WEEKLY INPATIENT PSYCHIATRY SCHEDULE</th>
<th>PGY-II Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>11:00 am to 12:30 am</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>12:30 pm to 01:00 pm</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td><strong>TUESDAYS</strong></td>
<td></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><strong>WEDNESDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>PGY-II Seminar</td>
</tr>
<tr>
<td><strong>THURSDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Outpatient Psychiatry Seminar</td>
</tr>
<tr>
<td><strong>FRIDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Service Rounds with Chairman</td>
</tr>
<tr>
<td><strong>WEEKENDS &amp; CALL</strong></td>
<td>Residents take in-house weekday and weekend call, covering the inpatient units, on average every 13 days.</td>
</tr>
</tbody>
</table>

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

During the summer of the PGY-II 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*  
Paul McHugh, MD & Alan Romanoski, MD

Phipps History and Mental Status Exam  
Graham Redgrave, MD & John Lipsey, MD

Boundaries  
Graham Redgrave, MD & John Lipsey, MD
Professionalism in Residency Training
  John Lipsey, MD

Emergency Treatments in Psychiatry
  Patrick Triplett, MD

Electroconvulsive Therapy
  Irving Reit, 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 & John Lipsey, MD

Medical School Education
  Susan Lehmann, MD

PGY-II SEMINAR: ACADEMIC YEAR

During the academic year, PGY-II 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
  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 Edwin, PhD
  Mood Stabilizers  Fernando Goes, MD
  Psychological Assessment  David Edwin, PhD

OUTPATIENT CARE SEMINAR

This seminar for all PGY-II residents covers the establishment of an outpatient practice, the nature of the therapeutic relationship, and the elements of supportive, psychodynamic, and cognitive-behavioral psychotherapeutic techniques. PGY-II residents meet with Dr. 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
  John Herzig                              John Herzig
  Financial Overview of Residents’ Clinic  Kim Consen-Antione & Joyce Worchesky
  Electronic Medical Record                Karen Swartz, MD
  Setting-Up Your Office                   Graham Redgrave, MD & John Lipsey, MD
  Boundaries with Outpatients              Rawn Martin, LCSW
  Psychotherapy from the Therapist         Elizabeth Winter, MD
  Supportive Psychotherapy                 Jennifer Payne, MD
  First Contact and Establishing Alliance  Jennifer Payne, MD
  Transference and Countertransference     Jennifer Payne, MD
  Termination Issues                       Jennifer Payne, MD
  Cognitive Behavioral Therapy Basics      Courtney Keston, PhD
  Cognitive Behavioral Therapy for Depression  Courtney Keston, PhD
  Cognitive Behavioral Therapy for Anxiety  Courtney Keston, PhD
  The Outpatient with Substance Abuse      Denis Antoine, MD
RESIDENTS’ LUNCH
All residents, starting in the PGY-II 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 and Lipsey, come to the meetings monthly to answer residents’ questions and to discuss any pertinent issues about the residency.

- **MORBIDITY & MORTALITY**
  This monthly conference is held throughout the year for residents from the PGY-II through PGY-IV 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.

- **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 2015-2016 academic year are listed below.

RESEARCH CONFERENCE TOPICS FROM THE 2015-2016 ACADEMIC YEAR

The Mood Disordered Outpatient  *Karen Swartz, MD*

The Outpatient with Anxiety Disorders  *O. Joseph Bienvenu, MD, PhD*

The Female Outpatient  *Jennifer Payne, MD*

The Outpatient with Obsessive-Compulsive Disorder  *Gerald Nestadt, MBBCH, MPH*

The Outpatient with Chronic Pain  *Michael Clark, MD, MPH, MBA*

The Outpatient with an Eating Disorder  *Glen Treisman, MD, PhD*

The Outpatient with Personality Disorders  *Susan Lehmann, MD*

Herbals and Alternative Medications  *Patricia Roy, MD*

The Outpatient with Schizophrenia  *Cynthia Major Lewis, MD*

The Basics of Group Therapy  *Bernard Liberman, PhD*

Outpatient Hospitalization  *Patricia Roy, MD*

PGY-IV Mentoring about Outpatients  *Series for PGY-IV residents*

General Outpatient Supervision  *Series Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD*
Daniel H. Ebert, MD, PhD  Activity-Dependent Phosphorylation of MeCP2 and Rett Syndrome
Raye Z. Litten, PhD  Strategies to Increase the Efficiency and Effectiveness of NIAAA’s Medication Development Program
Jonathan P. Ling, PhD  TDP-43 Represses Cryptic Exons in FTD: Therapeutic and Diagnostic Potentials
Fred Nucifora, DO, MHS, PhD  Ubiquitination as a Signal for Protein Aggregation and a Link Between Neurodegenerative and Psychiatric Disorders
Nicole Avena, PhD  Empirical Evidence of Addiction to Highly-Palatable Foods
Rashelle J. Musci, PhD  Decomposing Internalizing Symptoms Across Adolescence: Implications for Genetics and the Environment
Dinesh Bhugra, MBBS, PhD  Role of Culture in Mental Illness
Colleen Barry, PhD, MPP  Communication Research to Inform Stigma Reduction
Jeremy Veenstra-VanderWeele, MD  Pathways to New Treatments in Autism Spectrum Disorder
Edward Huey, MD  What Can Patients With Brain Injury and Neurodegenerative Illness Teach Us About Psychiatry?
John Kelsoe, MD  Genetic Networks for Bipolar Disorder and Lithium Response
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  Breaking Developments in Research: Randomized Trial of Reduced-Nicotine Standards for Cigarettes
Hashimoto-Torii Kazue, PhD  The Molecular Defense Mechanisms Deployed by the Developing Brain Against Environmental Stress
Matthew W. Johnson, PhD  Combining Behavioral Economics and Behavioral Pharmacology to Understand the Link Between Cocaine Use and HIV Sexual Risk Behavior
Tania Gendron, PhD  Molecular Mechanisms of Neurodegeneration Associated with the C9ORF72 Mutation
Marc G. Caron, PhD  Functional Selectivity of GPCR Signaling: Physiological Implications and Therapeutic Potentials
Ellen Leibenluft, MD  Diagnosis and Pathophysiology of Bipolar Disorder and Severe Irritability in Youth
Michelle C. Carlson, PhD  Development of a Mobile Activity Platform to Integrate Patients’ Daily Physical, Social, and Cognitive Functions in Real Time
Suzanne Haber, PhD  From Primate Anatomy to Human Neuroimaging: Linking Circuits to Psychiatric Disease and Neurotherapeutic Targets
Susan Carnell, PhD  Obesity in Children and Adults: A Biobehavioral Approach
Alexander J. Shackman, PhD  The Neurobiological Bases of Dispositional Anxiety
Stacey Sigmon, PhD  Developing and Evaluating Novel Treatments for Opioid Dependence
Gil Rabinovici, MD  Clinical Utility of Amyloid and Tau PET Imaging
BJ Casey, PhD  Treating the Developing Versus Developed Brain: Translating Preclinical Mouse and Human Imaging Studies
Matthew W. State, MD, PhD  Exploring Space and Time in Autism Spectrum Disorder
William Carlezon, PhD  Roles for Kappa-Opioid Receptors in Stress
Lori Raney, MD  Integrating Behavioral Health and Primary Care
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 Dr. O. Joseph Bienvenu. 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.

<table>
<thead>
<tr>
<th>WEEKLY Consultation-Liaison SCHEDULE</th>
<th>PGY-III Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pre-rounding prior to daily attending didactic sessions at 8:00 AM.</td>
<td></td>
</tr>
<tr>
<td>Evening coverage by the PGY-III resident starts at 5:00 PM.</td>
<td></td>
</tr>
<tr>
<td>Residents participate in patient care on the unit except during the activities listed below.</td>
<td></td>
</tr>
<tr>
<td><strong>WEEKDAYS</strong></td>
<td>08:00 am to 09:00 am</td>
</tr>
<tr>
<td>• <strong>MONDAYS</strong></td>
<td>12:30 pm to 01:00 pm</td>
</tr>
<tr>
<td>• <strong>WEDNESDAYS</strong></td>
<td>12:00 pm to 01:00 pm</td>
</tr>
<tr>
<td>• <strong>THURSDAYS</strong></td>
<td>08:00 am to 09:00 am</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 01:00 pm</td>
</tr>
<tr>
<td><strong>WEEKENDS &amp; CALL</strong></td>
<td>Residents cover the consultation pager 24-hours per day, seven days per week.</td>
</tr>
<tr>
<td></td>
<td>There are no in-hospital clinical responsibilities. If necessary, any urgent consultations are performed by the on-call PGY-II resident.</td>
</tr>
</tbody>
</table>

• EMERGENCY SERVICES

The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Dr. Vinay Parekh. There are approximately 3,000 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by two PGY-III residents, each of whom does a 12-hour shift five days per week. PGY-III residents rotate on this service for six to eight weeks per year. On weekends, both PGY-III and PGY-IV residents cover the Psychiatric Emergency Service, also in 12-hour shifts. Weekend coverage averages approximately one shift every five to six
weeks. Supervision and rounds with the director occur in daily rounds where patients seen in the preceding hours are reviewed.

**OUTPATIENT DEPARTMENT**

The first eight months of the twelve-month Outpatient Department rotation occur in the PGY-III year. The Outpatient Department is organized into community clinics that provide general care to adults and specialty clinics that focus on the diagnosis and treatment of distinct problem areas. Each clinic is staffed by faculty members with particular expertise in their fields. For six months, in addition to Consultation-Liaison Service and Emergency Psychiatry, residents rotate for two months within the Outpatient Department in the following activities. Below is a daily schedule for the residents rotating in outpatient psychiatry for two months during the PGY-III year as well as further descriptions of the outpatient rotations.

<table>
<thead>
<tr>
<th><strong>WEEKLY OUTPATIENT PSYCHIATRY SCHEDULE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGY-III Residents, Months 1-6</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MONDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>11:00 am to 12:30 am</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 05:00 pm</td>
<td>HIV Psychiatry (Moore Clinic)</td>
</tr>
<tr>
<td><strong>TUESDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>08:00 am to 12:00 pm</td>
<td>Mobile Treatment (COSTAR)</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Research Conference (weekly)</td>
</tr>
<tr>
<td>01:00 pm to 05:00 pm</td>
<td>Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td><strong>WEDNESDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>PGY-III Seminar</td>
</tr>
<tr>
<td>01:00 pm to 05:00 pm</td>
<td>Schizophrenia Clinic OR Mobile Treatment (COSTAR)</td>
</tr>
<tr>
<td><strong>THURSDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>08:00 am to 09:00 am</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Coverage in Emergency Department *</td>
</tr>
<tr>
<td><strong>FRIDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
</tr>
<tr>
<td><strong>WEEKENDS &amp; CALL</strong></td>
<td>Residents cover the Psychiatry Emergency Department in 12-hour shifts, approximately once per month.</td>
</tr>
</tbody>
</table>

*Residents cover the PGY-III resident in the emergency department in order for the PGY-III to see his/her outpatients from the Continuity Clinic.*

**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 (COSTAR). COSTAR operates on a 24/7 basis to provide at-home and in the community services to those with the most serious and persistent mental illnesses. Residents rotate for two half-days per week with COSTAR, 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/MOORE CLINIC
This clinic, led by Drs. Glenn Triesman 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

During six months of PGY-III 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 PGY-III year as well as further descriptions of the outpatient rotations.

<table>
<thead>
<tr>
<th>WEEKLY Outpatient Psychiatry Schedule</th>
<th>PGY-III Residents, Months 7-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>M ON D A Y S</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 am</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>T U E S D A Y S</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)</td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td>02:00 pm to 03:00 pm</td>
<td>Cognitive Behavioral Therapy Didactic</td>
</tr>
<tr>
<td>03:00 pm to 05:00 pm</td>
<td>Cognitive Behavioral Therapy Supervision</td>
</tr>
<tr>
<td>W E D N E S D A Y S</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>PSY-III Seminar</td>
</tr>
<tr>
<td>T H U R S D A Y S</td>
<td></td>
</tr>
<tr>
<td>08:00 am to 09:00 am</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Couples &amp; Family Therapy</td>
</tr>
</tbody>
</table>

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.
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 CLINIC

This clinic is directed by Drs. Elizabeth Winter, O. Joseph Bienvenu, and Gerald Nestadt. This clinic evaluates patients who suffer primarily from anxiety disorders such as panic disorder, phobia, obsessive-compulsive disorder, and generalized anxiety disorder. Residents participate in evaluations and subsequent treatment of patients. Weekly seminars, case conferences, and training in Cognitive-Behavioral Therapy are also integral to the clinic. Dr. Winter also provides ongoing group supervision for Cognitive-Behavioral Therapy for residents weekly.

FAMILY AND COUPLES THERAPY CLINIC

This clinic, directed by Stuart Tiegel, MSW, offers 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. Each resident treats a couple or family, with supervision provided in a combined seminar and one-way mirror format.

MOOD DISORDERS CLINIC

This weekly, half-a-day clinic is led by Dr. Jennifer Payne and focuses on patients with affective disorders. Residents see both intakes and follow-up appointments, all of which are then discussed with Dr. Payne and the other residents.

SEXUAL BEHAVIORS CONSULTATION UNIT

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. PGY-III residents attend Psychiatry Department Grand Rounds and Chairman Rounds, as well as two year-long seminars: the PGY-III 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 PGY-III year.

PGY-III SEMINAR: ACADEMIC YEAR

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.

- **Dimensional Disorders Series**
  - Major Depression: John Lipsey, MD
  - Bipolar Disorder: Karen Swartz, MD
  - Schizophrenia: Michael J. Kaminsky, MD
  - Anxiety Disorders: O. Joseph Bienvenu, MD, PhD
  - 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
  - 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 PGY-III 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**
  - Alcohol and Drug Use Disorders: Alan Romanowski, MD
  - Post-ICU Distress and Delirium: O. Joseph Bienvenu, MD, PhD
  - Women’s Mood Disorders: Karen Swartz, MD
  - Dementia: Chiadi Onyike, MD, MHS
  - Human Grief and Loss Series: Shep Jeffreys, PhD
  - Factitious Disorder: Michael Kaminsky, MD
  - Somatoform Disorders: Michael Kaminsky, 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 Wegenner, PhD
  - Multiple Sclerosis and Psychiatry: Adam Kaplin, MD, PhD
  - Depression and Stroke: John Lipsey, MD
PSYCHODYNAMICS SEMINAR
This one-hour weekly seminar, led by Dr. Julie Newman-Toker, runs for six months during the Outpatient Department block of PGY-III year. The topics discussed are listed below.

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 PGY-III 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). Within the two-hour seminar, one hour is devoted to supervision of residents’ outpatients with Dr. Siegel and Dr. Newman-Toker.

ANXIETY DISORDER SEMINAR
This weekly one-hour seminar, organized by Dr. O. Joseph Bienvenu, runs for six months during the Outpatient Department block of PGY-III 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
MOOD DISORDERS SEMINAR
This weekly one-hour seminar, organized by Dr. Karen Swartz, runs for six months during the Outpatient Department block of PGY-III 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 discussed are listed below.

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 PGY-III Year. During this seminar, residents present and discuss relevant research articles related to schizophrenia, including both clinical and basic research. This
seminar is led Drs. Russell Margolis, Bernadette Cullen, Frederick Nucifora, Christopher Ross, Thomas Sedlak, David Schretlen, and Karen Swartz. Topics discussed are listed below.

- Foundations of Phenomenology
- Longitudinal Phenomenology
- Latency Class Analyses of Schizophrenia Phenomenology
- Rating Scales for Schizophrenia
- Violence in Schizophrenic Patients
- Schizophrenia and DSM-V
- Cognitive Changes in Schizophrenia
- Review of Schizophrenia Epidemiology
- US/UK Cross-National Studies of Schizophrenia
- Cross-Cultural Aspects of Schizophrenia
- Urban Living as a Risk Factor
- Season of Birth as a Risk Factor
- Infection and Immunology as Potential Risk Factors for Schizophrenia
- Genetics of Schizophrenia
- Marijuana Abuse as a Risk Factor for Schizophrenia
- Brain Imaging of Schizophrenia
- Pathogenic Pathways in Schizophrenia
- Neuropathology of Schizophrenia
- Psychosocial Rehabilitation Treatment of Schizophrenia
- Pharmacological Treatment of Schizophrenia
- Tardive Dyskinesia and the AIMS Ratings Scale
- Metabolic Complications of Neuroleptic Treatment

SEXUAL BEHAVIORS CONSULTATION UNIT SEMINAR

This weekly seminar is held the hour prior to the Sexual Behaviors Consultation Clinic. The seminar is led by Drs. Frederick Berlin, Christopher Kraft, Kate Thomas, Thomas Wise, Paul McHugh, and Chester Schmidt with multiple lecturers from Surgery, Gynecology, Plastic Surgery, and Medicine:

- Introduction to the Sexual Behaviors Consultation Unit
- Overview of the Sexual Disorders
- Personality and Sexuality
- Origins of Sexual Orientation
- Physiological Basis of Sexual Functioning in Medical Illness
- Disorders of Orgasm in Men
- Arousal Disorders in Men: Recent Advances in Somatic Treatment
- Disorders of Arousal in Men: Psychological Considerations
- The Paraphilias: Sexual Variations or Sexual Disorders?
- Evaluation of Sexual Offenders: Pedophilia, Necrophilia, and Sexual Sadism
- Treatment of Sexual Offenders
- Sex and the Internet
- Infidelity: Conceptual Framework and Interventional Strategies
- Integrated Sex and Couple Therapy
- Group Treatment of Paraphilias and Non-Paraphilic Sexual Compulsivity
- Behavioral Interventions: Sensate Focus and Others
- Transsexualism
- Transvestic Fetishism
- Treatment of Gender Dysphoria in Individuals and Couples
- Disorders of Sexual Desire, Arousal, and Orgasm in Women
- Sexual Avoidance and Sexual Aversion in Women
- Current Advances in the Understanding and Treatment of Female Sexual Arousal
- Sexual Pain Disorders
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 Chairman of the Department 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

PGY-IV residents spend four months in the Outpatient Department and have the remaining eight months of the year reserved for electives. During the last year of residency, four residents are chosen by the Chairman of the Department 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, PGY-IV 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>PGY-IV Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
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</tr>
<tr>
<td><strong>M O N D A Y S</strong></td>
<td>08:00 am to 11:00 am</td>
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<td>11:00 am to 12:30 am</td>
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<td></td>
<td>12:30 pm to 01:00 pm</td>
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<tr>
<td><strong>T U E S D A Y S</strong></td>
<td>08:00 am to 12:00 pm</td>
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<td>12:00 pm to 01:00 pm</td>
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</tbody>
</table>
### PGY-IV Year

#### Morbidity & Mortality (monthly)

<table>
<thead>
<tr>
<th>WEDNESDAYS</th>
<th>08:00 am to 12:00 pm</th>
<th>Intensive Outpatient Treatment</th>
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<tbody>
<tr>
<td></td>
<td>12:00 pm to 01:00 pm</td>
<td>PGY-IV Seminar</td>
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<tr>
<td></td>
<td>01:00 pm to 05:00 pm</td>
<td>Neuropsychiatry &amp; Geriatric Psychiatry Clinic</td>
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</tbody>
</table>

#### THURSDAYS

<table>
<thead>
<tr>
<th>FRIDAYS</th>
<th>08:00 am to 10:00 am</th>
<th>Intensive Outpatient Treatment</th>
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<tbody>
<tr>
<td></td>
<td>10:00 am to 12:00 pm</td>
<td>Service Rounds with Chairman</td>
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<tr>
<td></td>
<td>12:00 pm to 01:00 pm</td>
<td>Chairman’s Lunch</td>
</tr>
</tbody>
</table>

| WEEKENDS & CALL   | Residents cover the Psychiatry Emergency Department in 12-hour shifts, approximately six times over the course of the year. |

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### 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, PGY-IV Seminar, and the Chairman’s Lunch with PGY-IV residents. The only clinical requirement is for residents to continue to follow their longitudinal patients in the 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 Chairman. Specific PGY-IV seminars include the Chairman’s Lunch and the Career Development Seminar. Listed below are descriptions of each of these seminars.

#### Chairman's Lunch

Once a week, all PGY-IV residents meet with the Chairman of the Department, 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, come to speak with the PGY-IV residents about career development, ranging from academic careers to private practice.

- **Introduction to Psychiatric Careers** Karen Swartz, MD
- **Clinician and Educator Careers in Academics** Karen Swartz, MD
- **Launching an Academic Career** Gregory Pontone, MD
- **Studying for Psychiatry Board Examinations** Anne Ruble, MD, MPH
- **Deciding to Pursue Fellowship** Denis Antoine, MD
- **Outpatient Practice and Academics** Todd Cox, MD
- **Transition from Fellowship to Faculty** Anne Ruble, MD, MPH
- **Careers at the FDA** Pamela Horn, MD & Steven Galati, MD
- **Student Mental Health on College Campuses** Margaret Chisolm, MD
- **Academics to Private Practice** Chester Schmidt, MD
- **Community Psychiatry and Loan Repayment** Ryan Stagg, MD
- **Teaching Medical Students in Future Careers** Susan Lehmann, MD
- **Fellowships at the NIMH** Jennifer Payne, MD
- **Practical Aspect of Establishing a Private Practice** Evan Jacobson, MD
- **Careers in Academic Psychiatry** J. Ray DePaulo, Jr., MD
- **Private Practice Outside of Baltimore** Christopher Pagnani, MD
- **The Negotiation Process in Job Searches** Eve Fields, MD
- **A Research Career as a Clinical Educator** Graham Redgrave, MD
- **Establishing “Focus” in an Academic Career** Peter Rabins, MD, MPH
- **Experiences in the VA System** Vinay Parekh, MD
- **Establishing a Private Practice** Elizabeth Winter, MD
- **Forensic Psychiatry, Academics, & Private Practice** Jeffrey Janofsky, MD
- **Psychiatry Careers in the VA System** Sarah Reading, MD
CURRENT & PAST RESIDENTS

CURRENT & PAST RESIDENTS

2016-2017 RESIDENTS

PGY-I Interns

Alexandra Blaes, MD  University of Maryland School of Medicine
Jonathan Brigham, MD  Sidney Kimmel Medical College at Thomas Jefferson University
Mariel Cataldi, MD  Florida International University Herbert Wertheim College of Medicine
Carol Chan, MBBCh  University College Dublin School of Medicine & Medical Science
Zachary Gordner, MD, PhD  Johns Hopkins University School of Medicine
Elizabeth Gerber, MD, PhD  Johns Hopkins University School of Medicine
Stephanie Kohler, MD  University of Colorado School of Medicine
Caitlin McFarland, MD  University of Vermont College of Medicine
Sandeep Nayak, MD  Johns Hopkins University School of Medicine

PGY-II Residents

Heather Bellis-Jones, MD  University of Louisville School of Medicine
Natalie Gukasyan, MD  Tulane School of Medicine
Lin Gyi, MD  New York Medical College
James Harrison, MD  Perelman School of Medicine at the University of Pennsylvania
Prashant Sharma, DO  New York Institute of Technology College of Osteopathic Medicine
Melissa Shepard, MD  University of Maryland School of Medicine
Kevin Strouse, MD  Sackler School of Medicine
Jason Wexler, MD  University of Arizona College of Medicine
Edgar Woznica, MD  The Warren Alpert Medical School of Brown University
Jeffrey Zabinski, MD  Wright State University Boonshoft School of Medicine
Claire Zachik, MD  Johns Hopkins University School of Medicine
Nadia Zaim, MD  Wright State University Boonshoft School of Medicine
Ran Zhao, MD  University of Connecticut School of Medicine

PGY-III Residents

Steven Asbaghi, MD  University of Southern California Keck School of Medicine
Natalie Beatty, MD  Drexel University College of Medicine
Michael Bushey, MD, PhD  Johns Hopkins University School of Medicine
Scott Dewhirst, MD  University of New Mexico School of Medicine
CURRENT & PAST RESIDENTS

Travis Klein, MD  University of South Florida Morsani College of Medicine
Anne Leonpacher, MD  Johns Hopkins University School of Medicine
Idris Leppla, MD  University of California Irvine School of Medicine
Bharat Narapareddy, MD  University of Saint Eustatius School of Medicine
Kichul Pak, MD  University of Illinois at Chicago College of Medicine
Lindsay Rothenberg, MD  School of Medicine at Stony Brook University Medical Center
Crystal Salcido, MD  Albert Einstein College of Medicine of Yeshiva University
Amy Tao, MD  Johns Hopkins University School of Medicine
Steven Woods, MD  Howard University School of Medicine

PGY-IV RESIDENTS

*Reena Ardeshna, MD  Drexel University College of Medicine
*Douglas D’Agati, MD  University of Maryland School of Medicine
Margaret Heine, MD  Johns Hopkins University School of Medicine
*Cindy Huang, MD  Texas Tech University Paul L. Foster School of Medicine
*Janet Lee, MD, JD  Johns Hopkins University School of Medicine
Nadimire Jules-Dole, MD  Drexel University College of Medicine
Nicole Leistikow, MD  Johns Hopkins University School of Medicine
Virginia Pearson, MD  University of Colorado School of Medicine
Elizabeth Prince, DO  Touro College of Osteopathic Medicine
Sumit Naig, MD, PhD  Tufts University School of Medicine
Stephanie Solazzo, MD  SUNY Buffalo School of Medicine

* Chief Resident

PAST PHIPPS RESIDENTS

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, Harro de Grace, Maryland
Katherine McEvoy, MBBCh  Fellowship, Women's Reproductive Psychiatry
               The Johns Hopkins University
David Mu, MD  Private Practice
               Towson, Maryland
Margo Nathan, MD  Fellowship, Women's Mental Health
               Brigham and Women's Hospital

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CURRENT & PAST RESIDENTS

Jerry Sayers, MD
Fellowship, Neuropsychiatry
Johns Hopkins Bayview

*Nathalie Szilagyi, MD
Fellowship, Child & Adolescent Psychiatry
Yale Sackler 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

CLASS OF 2015

Joseph Andrews, MD
Private Practice
Portland, Oregon

Sarah Ramsay Andrews, MD
Fellowship, Addiction Psychiatry
Oregon Health Sciences University

Arkaprava Deb, MD, MPH
Residency, Pediatrics
University of Wisconsin

John Dougherty, DO
Addiction Psychiatry Fellowship
Philadelphia, PA

Jean Gauvin, MD, PhD
Private Practice
Portland, Oregon

Yelena Gimelsteyn, MD
Private Practice
Baltimore, MD

Jill Kelly, MD
Private Practice
Baltimore, MD

Paul Kim, MD, PhD
Faculty, Psychiatry
The Johns Hopkins University

Brian Lerner, MD
Fellowship, Addiction Psychiatry
University of Maryland

Rachnanjali Lal, MD
Private Practice
Baltimore, MD

Paul Nestadt, MD
Private Practice
Baltimore, MD

Matthew Peters, MD
Fellowship, Neuropsychiatry
Johns Hopkins Bayview

Traci Speed, MD, PhD
Fellowship, Sleep/Mood/Pain
Johns Hopkins Bayview

CLASS OF 2014

Charles Arthur, III, MD
Clinical Associate, Electroconvulsive Therapy
The Johns Hopkins University

Helen Bellete, MD, MPH
Attending, DC Veterans Administration
Washington D.C.

Teresa Foley, MD
Attending
Rochester, Minnesota

Jessica Merkel-Keller, MD, MSc
Attending
MedStar Good Samaritan Hospital in Baltimore, Maryland

Geneva Osteen, MD
Attending
Gallup Indian Medical Center in Gallup, New Mexico
## CURRENT & PAST RESIDENTS

**Minkyung Park, MD**  
Fellowship, Clinical Research  
National Institute of Mental Health

**Joanna Pearson, MD**  
Clinical Associate  
HRBC Behavioral Health & Psychiatry in Chapel Hill, North Carolina

**Daniel Ruthven, MD**  
Clinical Associate, Eating Disorders  
The Johns Hopkins Hospital

**Michael Silverberg, MD**  
Medical Director  
Brandywine Hospital in Coatesville, Pennsylvania

## CLASS OF 2013

**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

**Scan 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 Liber 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
CURRENT & PAST RESIDENTS

Christopher Pagnani, MD
Private Practice
Philadelphia, Pennsylvania

*Smita 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 Stagg, 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
CURRENT & PAST RESIDENTS

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

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2009

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

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

#### CLASS OF 2008

*Marsha Austin, MD
Fellowship, Child & Adolescent Psychiatry
*Columbia University-New York Presbyterian*

Ashley D. Bone, MD
Clinical Associate, Consultation-Liaison Psychiatry
*The Johns Hopkins Bayview Medical Center*

*Candyce J. DeLoatch, MD
Fellowship, Child & Adolescent Psychiatry
*The Johns Hopkins University*

*Patrick M. Kelly, MD
Fellowship, Child & Adolescent Psychiatry
*The Johns Hopkins University*

S. Shane Kondrad, MD
Fellowship, Forensic Psychiatry
*Columbia University-New York Presbyterian*

Jennifer M. Meuchel, MD
Clinical Associate, Consultation-Liaison Psychiatry
*The Johns Hopkins Bayview Medical Center*

*Mireille M. Meyerhoefer, MD, PhD
Attending Psychiatrist, Neuropsychiatry Program
Lehigh Valley Hospital in Bethlehem, Pennsylvania*

Patricia S. Roy, MD
Clinical Associate, Community Psychiatry Program
*The Johns Hopkins Hospital*

Stanislav Spivak, MD
Attending Psychiatrist, Neuropsychiatry Program
*Lehigh Valley Hospital in Bethlehem, Pennsylvania*

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 Psychiatrist
*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 Psychiatrist
*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*

Abby H. Morris, MD
Medical Director, Threshold Services
*Silver Spring, Maryland*
### Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Program</th>
<th>Institution/Location</th>
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<tr>
<td>Frederick Nucifora, DO, PhD</td>
<td>Fellowship, Neurobiology</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Bradley J. Sadler, MD</td>
<td>Medical Director, Sexual Medicine</td>
<td>Consultation Service</td>
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<tr>
<td>*Charles T. Sweet, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Shepherd Pratt Hospital in Baltimore, Maryland</td>
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<tr>
<td>*Arman Taghizadeh, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
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<tr>
<td>Jennifer S. Teitelbaum, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>*Cindy Y.K. Thygeson, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
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<tr>
<td>*Jason R. Yanofski, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Texas-Southwestern</td>
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**CLASS OF 2006**

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<tr>
<td>Vinay Arya, MD</td>
<td>Private and Hospital-Based Practice</td>
<td>Monmouth, New Jersey</td>
</tr>
<tr>
<td>Heather Bruce, MD</td>
<td>Fellowship, Neuroscience Research</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Sara M. Calvert, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<tr>
<td>Dimitry S. Davydow, MD</td>
<td>Faculty, Psychosomatic Medicine</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Eve S. Fields, MD</td>
<td>Faculty</td>
<td>George Washington University</td>
</tr>
<tr>
<td>Fernando S. Goes, MD</td>
<td>Fellowship, Affective Disorders &amp; Genetics</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Jennifer A. Hanner, MD</td>
<td>Fellowship, Addiction Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<tr>
<td>Willis H. Hoyt, D.O.</td>
<td>Attending</td>
<td>Fort Leonard Wood, Missouri</td>
</tr>
<tr>
<td>Andrew R. Newberg, MD</td>
<td>Fellowship, Mood &amp; Anxiety Disorders</td>
<td>National Institute of Mental Health</td>
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<tr>
<td>Gregory M. Pontone, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Alexander W. Thompson, MD, MBA</td>
<td>Fellowship, Primary Care-Psychiatry</td>
<td>University of Washington</td>
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**CLASS OF 2005**

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<tr>
<td>Katherine P. Buchowski, MD, MPH</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>St. Louis University</td>
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<tr>
<td>Andy P. Casimir, MD</td>
<td>Attending</td>
<td>New York Presbyterian Hospital in Westchester, New York</td>
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<tr>
<td>Ana N. Cervantes, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Maryland School of Medicine</td>
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<tr>
<td>Niccolo D. Della Penna, MD</td>
<td>Faculty, Consultation-Liaison Psychiatry</td>
<td>University of Chicago</td>
</tr>
<tr>
<td>Lawrence H. Dubester, MD, MBA</td>
<td>Attending</td>
<td>Franklin Square Hospital in Baltimore, Maryland</td>
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### CURRENT & PAST RESIDENTS

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<tr>
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<tr>
<td>Christopher J. Dull, MD, JD</td>
<td>Attending Psychiatrist, Private Practice and Centerstone</td>
<td>Nashville, Tennessee</td>
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<tr>
<td>Jess G. Fiedorowicz, MD</td>
<td>Fellowship, Mental Health Clinical Research</td>
<td>University of Iowa</td>
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<tr>
<td>*Elana Harris, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>*Vanessa C. Howells, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Lucas P. Kempf, MD</td>
<td>Fellowship, Genes &amp; Cognition &amp; Psychosis</td>
<td>National Institute of Mental Health</td>
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<tr>
<td>Denise Leung, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<tr>
<td>Phillip D. Kronstein, MD</td>
<td>Fellowship, Mood &amp; Anxiety Disorders</td>
<td>National Institute of Mental Health</td>
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<tr>
<td>Milena H. Smith, MD, PhD</td>
<td>Private Practice</td>
<td>Annapolis, Maryland</td>
</tr>
<tr>
<td>Stacey V. M. Thompson, MD</td>
<td>Medical Director</td>
<td>University Counseling Services in Baltimore, Maryland</td>
</tr>
<tr>
<td>*Short-tracked into Child and Adolescent Psychiatry</td>
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<tr>
<td>Steven K. Chao, MD, PhD</td>
<td>Private Practice</td>
<td>Bethesda, Maryland</td>
</tr>
<tr>
<td>Michelle M. Chuen, MD</td>
<td>Fellowship, Psychosomatic Medicine</td>
<td>University of Maryland School of Medicine</td>
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<tr>
<td>Anisa D. Cott, MD</td>
<td>Attending</td>
<td>Sinai Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Kenneth J. Garcia, MD</td>
<td>Attending</td>
<td>Samaritan Medical Center in Watertown, New York</td>
</tr>
<tr>
<td>Evelyn E. Hazlett, MD</td>
<td>Associate Chief of Psychiatry</td>
<td>Kaiser Permanent in Fremont, California</td>
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<tr>
<td>Scott A. Humphreys, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Colorado</td>
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<td>Evan L. Jacobson, MD</td>
<td>Private Practice</td>
<td>Northern Virginia</td>
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<tr>
<td>Cheryl L. Person, MD</td>
<td>Fellowship, Psychiatric Epidemiology</td>
<td>The Johns Hopkins School of Public Health</td>
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<tr>
<td>Eric A. Samstad, MD</td>
<td>Private Practice</td>
<td>Bethesda, Maryland</td>
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<td>Nicholas J. Schor, MD</td>
<td>Private Practice</td>
<td>Bethesda, Maryland</td>
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<tr>
<td>Matthew A. Schreiber, MD, PhD</td>
<td>Fellowship, Animal Models of Anxiety Disorders</td>
<td>University of California San Francisco</td>
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<td>Anthony C. Tamburello, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Maryland School of Medicine</td>
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<tr>
<td>Kathleen M. Young, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<tr>
<td>Jerry R. Ainsworth, MD, PhD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of California Los Angeles</td>
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## CURRENT & PAST RESIDENTS

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<tr>
<th>Name</th>
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<tr>
<td>Kamal H. Artin, MD</td>
<td>Faculty</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>R. Robert Auger, MD</td>
<td>Fellowship, Sleep Disorders</td>
<td>Mayo Clinic</td>
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<tr>
<td>Azin E. Bekhrad, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Christopher P. Carroll, MD</td>
<td>Fellowship, Addictions Psychiatry</td>
<td>The Johns Hopkins Bayview Medical Center</td>
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<tr>
<td>Melva I. Green, MD</td>
<td>Fellowship, Health Policy</td>
<td>W.K. Kellogg Foundation</td>
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<tr>
<td>William E. Kulka, MD</td>
<td>Private Practice</td>
<td>San Francisco, California</td>
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<td>Michelle R. Lofwall, MD</td>
<td>Fellowship, Addictions Psychiatry</td>
<td>The Johns Hopkins Bayview Medical Center</td>
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<td>Evaristus A. Nwulia, MD</td>
<td>Fellowship, Psychiatric Genetics</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Graham Redgrave, MD</td>
<td>Faculty, Eating Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Thomas W. Sedlak, MD, PhD</td>
<td>Fellowship, Neuroscience</td>
<td>The Johns Hopkins Hospital</td>
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<td>Boglarka Szabo, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Patrick T. Triplett, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Rachel Becker, MD</td>
<td>Private Practice</td>
<td>Baltimore-Washington Psychoanalytic Institute</td>
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<tr>
<td>Michael Bunzel, MD</td>
<td>Faculty</td>
<td>Tel Hashomer / Sheba Hospital in Israel</td>
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<tr>
<td>Paul Cannistraro, MD</td>
<td>Fellowship, Anxiety Disorders</td>
<td>Massachusetts General Hospital</td>
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<tr>
<td>Maciej Chodynicki, MD</td>
<td>Fellowship, Psychiatric Epidemiology</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Jillian Evans, MD</td>
<td>Fellowship, Consultation-Liaison</td>
<td>Fairfax/INOVA Hospital</td>
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<tr>
<td>James Gallagher, MD, JD</td>
<td>Private Practice</td>
<td>Lynchburg, Virginia</td>
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<tr>
<td>Allesa P. Jackson, MD</td>
<td>Faculty, The Community Psychiatry Program</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Diane A. Klein, MD</td>
<td>Fellowship, Eating Disorders</td>
<td>Columbia University-New York Presbyterian</td>
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<td>Ellen Li, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Washington</td>
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<td>Tara C. Patterson, MD</td>
<td>Fellowship, Addictions Psychiatry</td>
<td>University of Maryland School of Medicine</td>
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<tr>
<td>Fabian M. Saleh, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Massachusetts</td>
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<tr>
<td>Stephen L. Shopbell, MD</td>
<td>Private Practice</td>
<td>Oshkosh, Wisconsin</td>
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## CLASS OF 2002

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Rachel Becker, MD</td>
<td>Private Practice</td>
<td>Baltimore-Washington Psychoanalytic Institute</td>
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<td>Massachusetts General Hospital</td>
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<td>The Johns Hopkins Hospital</td>
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<td>Fabian M. Saleh, MD</td>
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<td>University of Massachusetts</td>
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<tr>
<td>Stephen L. Shopbell, MD</td>
<td>Private Practice</td>
<td>Oshkosh, Wisconsin</td>
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</table>
CURRENT & PAST RESIDENTS

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  

Alan Langlieb, MD, MPH  Faculty, Mental Health Service  
The Johns Hopkins Hospital  

Ho-Chang Lee, MD  Fellowship, Epidemiology  
The Johns Hopkins Hospital  

Cynthia Major, MD  Attending  
National Health Service Corps in Maryland  

Jennifer Payne, MD  Fellowship, Affective Disorders  
National Institute of Mental Health  

Nicola Sater, MD  Private Practice  
Baltimore, Maryland  

Lisa Seyfried, MD  Fellowship, Affective Disorders  
The Johns Hopkins Hospital  

Thomas Sixbey, MD  Private Practice  
Annapolis, Maryland  

Ajay Wasan, MD  Fellowship, Anesthesia & Chronic Pain  
Brigham and Women’s Hospital  

CLASS OF 2000

Peter Betz, MD  Fellowship, Geriatric Psychiatry  
The Johns Hopkins Hospital  

Thomas Brashers-Krug, MD  Faculty, Schizophrenia & Neuroimaging  
The Johns Hopkins Hospital  

James Ethier, MD  Fellowship, Substance Abuse  
The Johns Hopkins Hospital & University of Maryland School of Medicine  

Adam Kaplin, MD, PhD  Fellowship, Neuroscience  
The Johns Hopkins Hospital  

Chiadi Onyike, MD, MHS  Fellowship, Epidemiology  
The Johns Hopkins Hospital  

Sarah Reading, MD  Fellowship, Neuroimaging  
The Johns Hopkins Hospital  

Daniel Sussman, MD, MBA  Attending, Public Psychiatry  
Kentucky  

*Rex Taber, MD  Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins Hospital  

Carol Lynn Trippitelli, MD  Faculty, Eating Disorders  
St. Joseph’s Hospital in Baltimore, Maryland  

Leslie Walker, MD  Private Practice  
Baltimore, Maryland  

Nancy Younan, MD  Private Practice  
Washington D.C.
CURRENT & PAST RESIDENTS

CLASS OF 1999

Nicola Cascella, MD  Faculty, Community Psychiatry & Neuroimaging
                   The Johns Hopkins Hospital
Todd Cox, MD       Faculty, Associate Residency Director
                   The Johns Hopkins Hospital
Jerrold Gray, MD   Private Practice
                   Columbus, Ohio
Jeffrey Hsu, MD    Faculty, Motivated Behaviors & Adolescent Addictions
                   The Johns Hopkins Hospital
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
## CURRENT & PAST RESIDENTS

### CLASS OF 1997

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Andrew Angelino, MD</td>
<td>Faculty</td>
<td>University of Colorado</td>
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<tr>
<td>William Belfar, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>Albert Einstein College of Medicine</td>
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<tr>
<td>Gregory Creager, MD</td>
<td>Private Practice</td>
<td>Texas, Houston</td>
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<tr>
<td>Leigh Ellison, MD</td>
<td>Faculty, Eating Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<td>Phillip Grob, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Maryland School of Medicine</td>
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<td>Elizabeth Kastelic, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Pittsburg</td>
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<td>Young Lee, MD</td>
<td>Private Practice</td>
<td>Northern Virginia</td>
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<td>Robert Morrison, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
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<tr>
<td>Paul Rivkin, MD</td>
<td>Fellowship, Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Aliya Sayeed, MD</td>
<td>Fellowship, Public Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<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>
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THE JOHNS HOPKINS HOSPITAL

THE JOHNS HOPKINS HOSPITAL
THE HISTORY OF JOHNS HOPKINS

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 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](http://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 2016-2017 Academic Year:
  
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<th>PGY Level</th>
<th>Salary</th>
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<tr>
<td>PGY I</td>
<td>$52,549</td>
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<tr>
<td>PGY II</td>
<td>$55,080</td>
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<tr>
<td>PGY III</td>
<td>$57,386</td>
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<td>PGY IV</td>
<td>$59,910</td>
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• 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:

www.hopkinsmedicine.org/som/gme/GMEC/policies/index.html
Baltimore offers a unique blend of historic charm, ethnic heritage, and urban vitality. From the dynamic Inner Harbor to the rolling estates on the edges of the city, Baltimore is a community for people of all backgrounds and interests. The Inner Harbor is the centerpiece of the city’s renaissance featuring a variety of shops, food stands, and restaurants. The National Aquarium, the Maryland Science Center, the U.S.F. Constellation, Camden Yards, and the Baltimore Maritime Museum are but a few of the numerous Inner Harbor attractions available for tourists and locals alike. Fort McHenry, birthplace of “The Star Spangled Banner,” offers a glimpse of Baltimore’s past, as do the B&O Museum (celebrating the inception of the railroad), the Maryland Historical Society, the Peale Museum, and Carroll Mansion. Visits to the homes of Edgar Allen Poe, Babe Ruth, and H.L. Mencken provide a look into the lives of some of Baltimore’s most famous citizens.

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

Sports fans will find the Baltimore-Washington area an exciting place to call home. The Baltimore Orioles and Ravens serve as the backbone of a proud sports’ tradition, which also includes professional soccer and lacrosse. College sports also thrive in the “Charm City” and include powerhouses such as Hopkins lacrosse and Maryland basketball. The entire Baltimore community looks forward to annual sporting events such as the Governor’s Cup yacht race and the Preakness, 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

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 2015-2016 ACADEMIC YEAR

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<td>Eric Strain, MD</td>
<td>Opioid Dependence and Its Treatment</td>
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<tr>
<td>J. Raymond DePaulo, Jr., MD</td>
<td>The DSM, RDox, and the Perspectives: Where do they all fit?</td>
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Akira Sawa, MD, PhD  Metabolic Problems in Schizophrenia
Glenn Treisman, MD, PhD  Hepatitis C, HIV-, and Psychiatry: Closing the Loop on Comorbidity
Michael Kidorf, M.D  A Novel Community Support Intervention for Substance Abuse
Susan Lehmann, MD  Geriatric Bipolar Disorder
David Schretlen, PhD  Neural Substrates of Intact Cognition in Schizophrenia
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<td>Andrew Tompkins, MD</td>
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<td>Golda Ginsburg, PhD</td>
<td>Pediatric Anxiety Disorders: Treatment Response, Remission, and Durability</td>
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Michael Smith, PhD  Cognitive-Behavioral Treatment for Insomnia
Constantine G. Lyketsos, MD  Maintaining Independence at Home.
Frank Mondimore, MD  TMS for Beginners
Jeffrey Hsu, MD  Substance Abuse
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Robert Findling, MD, PhD  Diagnostic Considerations in Pediatric Bipolar Disorder
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Gerald Nestadt, MBBCH, MPH  Obsessive-Compulsive Disorder
Vinay Parekh, MD  Integrating Phipps psychiatry in the community: lessons from EBMC
John Lipscy, MD  Catatonia
Anita Everett, MD  Behavioral Health and Health Behavior in J-CHiP: Strategies for Better Health, Better Care, and Healthcare Cost Trend Bending
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Graham Redgrave, MD  Functional Connectivity in Anorexia Nervosa
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Adam Kaplin, MD, PhD  Through A Glass, Darkly: Coming Face to Face with the Mind-Brain Schism
Chiadi Onyike, MD, MHS  Genetics and Phenomenology
Akira Sawa, MD, PhD  Is Schizophrenia a Systemic Disease? A Clue for Novel Drug Discovery
Russell Margolis, MD  Use and Misuse of Antipsychotics
Gerald Nestadt, MBBCH, MPH  Obsessive-Compulsive Disorder
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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**: Ubiquitination as a Signal for Protein Aggregation and a Link Between Neurodegenerative and Psychiatric Disorders
- **Nicole Avena, PhD**: Empirical Evidence of Addiction to Highly-Palatable Foods
- **Rashelle J. Musci, PhD**: Decomposing Internalizing Symptoms Across Adolescence: Implications for Genetics and the Environment
- **Dinesh Bhugra, MBBS, PhD**: Role of Culture in Mental Illness
- **Colleen Barry PhD, MPP**: Communication Research to Inform Stigma Reduction
- **Jeremy Veenstra-VanderWeele, MD**: Pathways to New Treatments in Autism Spectrum Disorder
- **Edward Huey, MD**: What Can Patients With Brain Injury and Neuropathological Illness Teach Us About Psychiatry?
- **John Kelsoe, MD**: Genetic Networks for Bipolar Disorder and Lithium Response
- **Joel Kleinman, MD, PhD**: Genetic Variation and Alternative Transcripts in Human Brain Development and Schizophrenia
- **Kimberly M. Christian, PhD**: Integrating Animal Models and Human iPS Cells to Study Psychiatric Disorders
- **Dror Ben-Zeev PhD**: Mobile Health (mHealth) for Serious Mental Illness
- **Ryan Vandrey, PhD**: Breaking Developments in Research: Randomized Trial of Reduced-Nicotine Standards for Cigarettes
- **Hashimoto-Torii Kazue, PhD**: The Molecular Defense Mechanisms Deployed by the Developing Brain Against Environmental Stress
- **Matthew W. Johnson, PhD**: Combining Behavioral Economics and Behavioral Pharmacology to Understand the Link Between Cocaine use and HIV Sexual Risk Behavior
- **Tania Gendron, PhD**: Molecular Mechanisms of Neurodegeneration Associated with the C9ORF72 Mutation
- **Marc G. Caron, PhD**: Functional Selectivity of GPCR Signaling: Physiological Implications and Therapeutic Potentials
- **Ellen Leibenluft, MD**: Diagnosis and Pathophysiology of Bipolar Disorder and Severe Irritability in Youth
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Suzanne Haber, PhD  From Primate Anatomy to Human Neuroimaging: Linking Circuits to Psychiatric Disease and Neurotherapeutic Targets
Susan Carnell, PhD  Obesity in Children and Adults: A Biobehavioral Approach
Alexander J. Shackman, PhD  The Neurobiological Bases of Dispositional Anxiety
Stacey Sigmon, PhD  Developing and Evaluating Novel Treatments for Opium Dependence
Gil Rabinovici, MD  Clinical Utility of Amyloid and Tau PET Imaging
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Ellen Leibenluft, MD  Irritability: Lessons Learned and New Directions
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Kathleen Ries Merikangas, PhD  Endophenotypes in Psychiatry: Deconstructing Bipolar Disorder

RESEARCH CONFERENCE TOPICS FROM THE 2014-2015 ACADEMIC YEAR

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  Johns Hopkins Esketamine Trial for Acute Suicidality in Depressed Patients
Sarven Sabunciyan, PhD  Brain Expression of Repetitive Element Loci in Schizophrenia, Bipolar Disorder and Major Depression
Frederick Barrett, PhD  Brain Networks Involved in Strong Experiences with Music
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 Epig: 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
Alexander J. Shackman, PhD  The Neurobiological Bases of Dispositional Anxiety
Stacey Sigmon, PhD  Developing and Evaluating Novel Treatments for Opium Dependence
Gil Rabinovici, MD  Clinical Utility of Amyloid and Tau PET Imaging
BJ Casey, PhD  Treating the Developing Versus Developed Brain: Translating Preclinical Mouse and Human Imaging Studies
Matthew W. State MD, PhD  Exploring Space and Time in Autism Spectrum Disorder
William Carlezon, PhD  Roles for Kappa-Opioid Receptors in Stress
Lori Raney MD  Integrating Behavioral Health and Primary Care
Zul Merali, PhD  Worldwide Impact of Depression: National and Global Approaches
Ellen Leibenluft, MD  Irritability: Lessons Learned and New Directions
Daniel Pine, MD  Using Neuroscience to Inform Clinical Thinking: Applications in Pediatric Anxiety
Evelyn Bromet, PhD  Update on First Episode Psychosis Study
Kathleen Ries Merikangas, PhD  Endophenotypes in Psychiatry: Deconstructing Bipolar Disorder

Michelle C. Carlson, PhD  Development of a Mobile Activity Platform to Integrate Patients' Daily Physical, Social and Cognitive Functions in Real Time
Suzanne Haber, PhD  From Primate Anatomy to Human Neuroimaging: Linking Circuits to Psychiatric Disease and Neurotherapeutic Targets
Susan Carnell, PhD  Obesity in Children and Adults: A Biobehavioral Approach
Alexander J. Shackman, PhD  The Neurobiological Bases of Dispositional Anxiety
Stacey Sigmon, PhD  Developing and Evaluating Novel Treatments for Opium Dependence
Gil Rabinovici, MD  Clinical Utility of Amyloid and Tau PET Imaging
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Evelyn Bromet, PhD  Update on First Episode Psychosis Study
Kathleen Ries Merikangas, PhD  Endophenotypes in Psychiatry: Deconstructing Bipolar Disorder
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 recant 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

RESEARCH CONFERENCE TOPICS FROM THE 2013-2014 ACADEMIC YEAR

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 Behavior
## Appendix

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| Markus Heilig, MD, PhD | Personalized Approaches to the Treatment of Alcohol Addiction |
| René Khan, MD, PhD | Why Kraepelin 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 |
| David Schretlen, PhD | Can Transcranial Direct Current Stimulation Improve Cognitive Functioning in Schizophrenia? |
| Tomas R. Guilarte, PhD | Toxins & Genes: Gene-Environment Interactions in Schizophrenia |
| Rita Valentino, PhD | Sex Biased Stress Signaling |
| Donna Strobino, PhD | Maternal Depressive Symptoms and Young Children’s Growth |
| Gail Daumit, MD, MHS | Effectiveness of a Behavioral Weight Loss Intervention in Persons with Serious Mental Illness: Results of the ACHIEVE Trial |
| Frederick Lenz | Analysis of Circuits Subserving Fear and Anxiety as Studied by Neuronal Activity in Humans |
| Annie Umbricht, MD | Tapiramate for Cocaine Dependence in Methadone Maintenance |
| Robert Randolph Edwards, PhD | The Biopsychosocial Model of Pain in Action: Risk Factors for Misuse of Prescription Opioids among Chronic Pain Patients |
| Samer Hattar, PhD | Aberrant Light Exposure Directly Impairs Mood and Learning through Atypical Retinal Photoreceptors |
| Wayne Katon MD | A Multicondition Collaborative Care Intervention: Meeting the Triple Aim of Health Reform |
| John Bridges PhD | Measuring the Priorities and Treatment Preferences of Parents with a Child Diagnosed with ADHD using Best-Worst Scaling |
| Guo-li Ming, MD, PhD | Regulation of Neural Development by Risk Genes for Mental Disorders |
| Marian Tanofsky-Kraff, PhD | Obesity and Disinhibited Eating Behaviors in Youth |
APPENDIX

Kelly Posner, PhD
On the Road to Prevention: The Columbia–Suicide Severity Rating Scale
Bruce Turetsky, MD
Olfactory Dysfunction in Schizophrenia: A Model System to Investigate Developmental Neuropathology
Keri Martinowich, PhD
Interaction between BDNF and Social Environment in Brain Physiology and Behavior
William M. Byne, MD, PhD
Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder
Dwight Bergles, PhD
Fate and Function of Glial Progenitors in the Mammalian CNS
Monique Ernst, MD, PhD
Choreography of Brain Functions across Adolescence
Katherine Phillips, MD
Body Dysmorphic Disorder: Understanding and Treating
Ted Abel, PhD
Sleep and Memory: The Cellular and Molecular Impact of Sleep Deprivation on Hippocampal Function
Samantha E Meltzer-Brody, MD
Genetic and Biomarker Insights into Postpartum Depression
Clifford B. Saper, MD, PhD
Hypothalamic Regulation of Sleep and Circadian Rhythms
John M. Oldham, MD
Personality Disorders and DSM-5
James Knierim, PhD
Memory Formation in the Rat Hippocampal Formation
Erin Winstanley, PhD
Naloxone to Prevent Opioid Overdose Death
Colm Cunningham, PhD
Can We Make Animal Models of Delirium?

RESEARCH CONFERENCE TOPICS FROM THE 2011-2012 ACADEMIC YEAR

Solangé Brown, MD, PhD
Deciphering the Functional Organization Of Cortical Circuits Through Cell-Type Identity
Sharon Inouye, MD, MPH
Delirium in Older Persons: A Research Update
Karen Swartz, MD
The Adolescent Depression Awareness Program (ADAP): Moving from Program Development to Evaluation
Tom Hyde, MD, PhD
GABA Signaling Elements, Brain Development, and Schizophrenia
O. Joseph Bienvenu, MD, PhD
Is Obsessive-Compulsive Disorder an Anxiety Disorder, and What, If Any, Are Obsessive-Compulsive Disorder-Related Conditions? A Family Study Perspective
Jeannie-Marie Leoutsakos, PhD
Carving Nature at its Joints: Applications of Mixture Models in Psychiatry
Paul Worley, MD
Synaptic Signaling and Cognitive Disease
Barbara K. Lipska PhD
Genome-Wide and Candidate Gene Studies in Normal Development and Schizophrenia
Joe Gallo, MD, MPH
Mixing Methods to Understand Depression in Late Life
Antonello Bonci, MD
Synaptic Plasticity in the Dopamine System: Implications for Substance Abuse
Jennifer Reese, PhD
Cancer and Sexual Concerns
Jason Brandt, PhD
New Methods of Screening for Dementia
Hanna Jaaro-Peled, PhD
A Novel Approach in Modeling Schizophrenia in Mice
Igor Elman, MD
Stress and Reward Systems in Addictive and Comorbid Psychiatric Disorders
Charles Hoge, MD
Translating Research in Mental Health Policy during Afghanistan and Iraq Wars
David Borsook, MD, PhD
Imaging the Cross-Roads of Pain and Psychiatry
Roland R. Griffiths, PhD
Human Studies of the Serotonergically Mediated Hallucinogen Psilocybin
Arnold Bakker, PhD
Episodic Memory on the Path to Alzheimer's Disease
Brooke H. Miller, PhD
MicroRNA Dysregulation in Psychiatric Disease
Kerry J. Ressler, MD, PhD
Translational Neurgenetic Approaches to PTSD and Fear-Related Disorders
Julia B. Frank, MD
Persuading the Healer
Kelly Brownell, PhD
Harnessing Science to Change the American Diet
Ralph Benedict, PhD
Effects of Brain Atrophy on Cognition and Personality Traits in Multiple Sclerosis
Raj Narendran, MD
Imaging Dopamine Transmission in Addiction: Moving Beyond [11C] Raclopride
John Gunderson, MD
Basic Principles of Understanding & Treating Borderline Personality Disorder
Ryan Vandrey, PhD  
Effects of Varenicline on Abstinence and Smoking Reward Following a Programmed Lapse

L. Fredrik Jarlson, MD  
Therapeutic Targeting of Gabaergic and Synaptic Deficits in Schizophrenia for Potential Pro-Cognitive Effects

Gary Wand, MD  
Cortisol and Mesolimbic Dopamine

Randy Buckner, PhD  
Exploring the Large-Scale Architecture of the Human Brain

Carol A. Shively, PhD  
Neurobiology and Physiology of Social Stress-Associated Depression in Adult Female Monkeys

Suzanne Haber, PhD  
The Reward Network: Implications for Imaging and DBS for Psychiatric Diseases

Paul Soto, PhD  
Evaluation of Alpha-3-GABA Inverse Agonists for Cognitive Enhancement in Monkeys

Timothy Salthouse, PhD  
Aging and Cognitive Change

Dilip V. Jeste, MD  
Successful Aging and Wisdom

Kenneth Silverman, PhD  
Maintenance of Reinforcement to Address the Chronic Nature of Drug Addiction