### PGY-4 Electives

#### 2016 - 2017

As of May 3, 2016
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Advanced Family Therapy Elective

Faculty/Staff:

Dr. Richard Oberfield
Richard.Oberfield@nyumc.org
Phone: 212-263-6213

Senior Family Therapy Faculty

Number of Residents on the elective at any given time: 2-4

Description: Residents will gain exposure to family therapy with traditional as well as non-traditional families and couples. Through the elective, residents will gain didactic and theoretical instruction as well as direct and indirect clinical experience in family and couples therapy. One or more senior supervisors will work with the residents, who will function as co-therapists on a case. Sessions will be conducted in front of a one-way mirror, providing residents with live supervision.

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- Depending on the number of cases, Residents should anticipate a minimum requirement of 1 hour per week (1 hour of direct patient care combined with direct supervision)
- Elective will be a full year- July thru June
- Elective will be offered at a mutually agreed upon time by the residents and supervisors.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care: Residents will learn how to perform a family systems assessment (couple or family) in reference to both traditional as well as non-traditional families and couples. There will be particular emphasis on treatment of selected couples/families who are interested in (1) enhancing the quality of their relationships, (2) learning skills to improve their communication, and (3) problem solving and conflict resolution.
B. **Medical Knowledge:** Residents will acquire a deeper understanding of family systemic dynamics and will learn how to integrate these practices into a more traditional psychiatric practice.

C. **Interpersonal and Communication Skills:** Residents will enhance their therapeutic and communication skills through the use of live supervision and through the use of the co-therapist model.

D. **Systems Based Practice:** Residents will be expected to work in the OPMHC as part of Bellevue Hospital, be able to advocate for their patients in the complex mental health system, and integrate the family treatment with each individual’s medical and psychiatric treatment.

E. **Practice Based Learning & Improvement:** Residents will learn to provide care to couples/families who are interested in enhancing the quality of their relationship and learning skills to improve communication problem-solving and conflict resolution.

F. **Professionalism:** A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a manner that fosters the alliance between the co-therapists and the patient.

**Supervision:** (Please indicate the number of hours of supervision per week):

- 1 hour/week

**Readings:** Individualized readings on theoretical conceptualization and intervention strategies will be assigned as deemed appropriate to the presenting issues of the patients under supervision.

**Method of Evaluation:** (online evaluation system: *New Innovations* [www.new-innov.com/nyu](http://www.new-innov.com/nyu); discussion of feedback with the resident, etc.)

- Residents will also have planned and systematic opportunities to provide feedback to the supervisors.

*Reviewed by Dr. Oberfield, 3/16/16 (no changes)*
Asian Inpatient Program

Faculty/Staff
- Guilan Zhou, MD (212)562-3623 guilan.zhou@nyumc.org

Description:
This elective offers opportunities to evaluate and treat psychiatric patients from a diverse Asian American population, with the additional option of doing so in another language. Residents learn firsthand experience of assessment, psychopharmacology, psychotherapy, family intervention, and community service referrals for this unique population. Residents gain a deeper understanding that psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors. The option to do academic work especially focused on cultural psychiatry is also available. The program is flexible and designed to fulfill each resident’s individual needs and objectives best fitting their career interests.

Schedule:
Schedule for this elective is flexible.

Number of Residents on the elective at any given time: 1

Goals & Objectives by Core Competencies:

A. Patient Care:
- Integrate culturally-sensitive care for diverse Asian patients.
- Work with a multi-disciplinary team that addresses mental illness, psychosocial stressors, and medical aspects of treatment.
- Formulate biopsychosocial model of diagnosis based on DSM-IV/DSM-V.
- Outline appropriate treatment plans for patients including psychotropic medication, psychotherapy, crisis management, family intervention and aftercare referral.

B. Medical Knowledge:
- Provide residents with knowledge of Asian subcultures and mental illness.
- Expand knowledge of Asian culture such as immigration patterns, moral standards, values, rituals, customs, religious beliefs, and societal expectations.
• Understand psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors.
• Incorporate cross-culture knowledge into the clinical practice of psychiatry.
• Explain the risks/benefits of medication to patients.
• Observe the common side effects of medication among the Asian population.

C. **Interpersonal and Communication Skills:**
• Demonstrate the ability to communicate with Asian mentally ill patients, their families, a multidisciplinary team, and staff at outpatient services.
• Display a deeper understanding of language barriers, culture barriers and stigma among Asian mentally ill patients.
• Receive collateral information from families and providers of out-patient services.
• Attend family meetings.
• Learn skills of team work and problem solving.
• Utilize the resources of interpreter services.

D. **Systems Based Practice:**
• Understand special mental health services for Asian population.
• Be familiar with special resources of mental health services for the monolingual Asian population. Display awareness of the limited mental health resources for undocumented and uninsured individuals.
• Learn how to make appropriate out-patient referrals for Asian patients including Chinese speaking chemical dependency/gambling addiction services, day programs, and other community services.

E. **Practice-Based Learning and Improvement:**
• Work closely with the medical consult service to identify health issues and co-morbid medical conditions that are important to this particular group.
• Obtain a thorough medical history and psychotropic medication history.
• Increase awareness of common co-morbid medical illnesses such as the high prevalence of hepatitis B in the Asian population and the effect that these illnesses have on psychiatric medications.
• Understand there are racial differences in the metabolism of psychotropic medications and that this difference can increase the risk of treatment related adverse events.

F. **Professionalism:**
• Prepare mental health professionals to provide services that are effective and valued by patients and families.
• Demonstrate respect, compassion, integrity, and accountability in interactions with mentally ill patients, their families, multidisciplinary staff and staff in the community.
• Demonstrate sensitivity and responsiveness to each patient’s ethnicity, culture, religion, and disabilities.

• Supervision:
  Program provides mentoring and daily work supervision for each resident. There is once a week discussion about relevant books, articles or special cases.

Readings:
  • http://ap.psychiatryonline.org/article.aspx?articleid=47668
  • Book: The Spirit Catches You and You Fall Down: 1997 by Anne Fadiman
  • http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030294

Method of Evaluation: Online evaluation system: New Innovations; discussion of feedback with the resident, etc.

Reviewed by Dr. Guilan Zhou, 03/22/2016 (no changes)
Assertive Community Treatment (ACT)

Faculty/Staff

- Zeynep Altun, M.D., Ph.D.
- Office: 212 562 8912
- Cell: 718 772 7779
- Zeynep.altun@bellevue.nychhc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- ACT treatment is based on a service-delivery model for providing comprehensive community-based treatment to persons with severe and persistent mental illness. It is a highly individualized treatment modality and includes psychiatric-medical care by an attending psychiatrist and 1-2 nurses, social, vocational, substance abuse interventions and liaison to legal services by LMSWs. The whole team is involved in crisis intervention. Bellevue ACT team caseload is 68 patients between the ages of 23-80 and at different stages of treatment progress. 1/3 of the patient population is undocumented non-English speakers with additional social intervention needs. Treatment options that are frequently utilized include clozapine and long acting injectibles within psychopharmacologic measures, ECT and CBT. Residents are expected to accompany the attending M.D. in meeting with the patients at the office or in the community, which can include CPEPs, inpatient units of various hospitals as well as supported housing residences. Besides familiarizing the resident with the options available to meet patients’ individual needs therapeutically, at a higher level this elective is expected to provide exposure to the general workings of the highly fragmented psychiatric treatment system currently available in New York (various therapeutic residences, clubhouses, PROS programs). Residents will also get exposure to assisted outpatient treatment (AOT) process as ~1/3 of our patients are on AOT.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This elective is best accomplished for at least 2-3 consecutive weeks, 4.5 days/week (Wednesday afternoons are left free for class didactics), from 9-5pm. It is flexible and there is no maximum time.
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Patient Care:**
   - Working with a multi-disciplinary team that addresses social, legal and medical aspects of treatment, residents are expected to provide integrated and culturally-sensitive mental health care to ACT patients in non-traditional environments.
   - As a significant number of ACT patients refuse attending outpatient appointments, residents are expected to have a basic general medical knowledge beside psychiatry to intervene with non-psychiatric medical care and referral when necessary.

B. **Medical Knowledge:**
   - Residents will improve their ability to diagnose and subsequently identify appropriate interdisciplinary interventions to severely mentally ill patients, which may range from crisis intervention in a safe manner, in/voluntary hospitalization, discharge disposition planning with inpatient staff, CBT work and other stable outpatient measures.
   - They will also learn how to assess decompensating patients in the community (which includes their home environment) and get them to acute care facilities in a safe manner.

C. **Interpersonal and Communication Skills:**
   - Residents will demonstrate the necessary interpersonal and communication skills to establish therapeutic rapport with ACT patients, their families, coordinate care with other medical care providers and agencies involved in each patient’s treatment, and work seamlessly with the other team members.

D. **Systems Based Practice:**
   - Residents will develop an understanding of the function of an ACT team in fostering treatment compliance, maintaining stability, improving community functioning of severely ill, treatment-as-usual-resistant patients.

E. **Practice-Based Learning and Improvement:**
   - Residents will acquire improved clinical skills through case discussion in supervision as well as self-directed readings. They will learn to successfully incorporate feedback from team members into improved patient care.

F. **Professionalism:**
   - residents will be expected to approach each patient with respect and compassion and develop sensitivities to complex ethical questions that may arise. They will be coached to develop successful solutions for dealing with possible potentially frustrating and challenging interactions.

**Supervision:** (Please indicate the number of hours of supervision per week.)
• Flexible: generally 20-24 hrs. per week with Dr. Altun.

Readings:

• Prior to starting the elective residents are recommended to review “A Manual for ACT Start-Up” by Allness and Knoedler (available in my office, please call me @718-772-7779)
• During elective they can also review Transitions Booklet that is utilized for transition of successful cases to ordinary outpatient treatment
• Other reading as relevant to clinical and supervisory discussion.

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

• I will provide regular feedback in discussion with the resident. Also I will submit a final New Innovations evaluation based on observation of clinical interactions and on supervisory discussions.

Reviewed, by Zeynep Altun, MD, 2/24/16 (no changes)
Child & Adolescent Psychiatry Emergency Service

(C-CPEP) Goals and Resident Competencies

GOALS:
The goal of this rotation is to introduce residents to the requisite knowledge, skills, attitudes, and behaviors necessary to competently assess, stabilize, and find appropriate disposition for acutely disturbed children and adolescents requiring emergency psychiatric evaluation. Inherent in this aim is to expose residents to their unique role as a collaborator with these patients’ caretakers and with other systems (schools, child protection agencies, courts, outpatient practitioners, etc.) involved in their lives.

Number of Residents on the elective at any given time: 2 (September – June) 1 (July & August)

COMPETENCIES:

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<thead>
<tr>
<th>Patient Care</th>
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<tbody>
<tr>
<td><strong>Learning Objectives</strong></td>
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<tr>
<td><em>The resident will:</em></td>
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<tr>
<td>Assess suicidality in children and adolescents</td>
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<tr>
<td>Assess potential for violence in children and adolescents</td>
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<tr>
<td>Assess child abuse/ neglect issues, including domestic violence</td>
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<td>Implement crisis intervention techniques as indicated to address agitated children and adolescents (e.g. de-escalation strategies, reduction of stimuli, emergency PRN use, and restraint use) to assure the safety of the children and adolescents being evaluated as well as others</td>
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<tr>
<td>Obtain indicated emergent laboratory</td>
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<tr>
<td><strong>Methods</strong></td>
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<tr>
<td>Teaching rounds</td>
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<tr>
<td>Supervision</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td>Supervision</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td><strong>Assessment</strong></td>
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<td>Attending assessment</td>
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and ancillary (e.g. drugs of abuse screening, EEG, MRI) tests to evaluate and manage patients

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<thead>
<tr>
<th>Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans</th>
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<tr>
<td>Supervision</td>
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<tr>
<td>Teaching rounds</td>
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<table>
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<tr>
<th>Be exposed to a variety of therapeutic modalities including supportive, cognitive-behavioral, psychoeducational, family, parent training, and pharmacologic therapies as applicable to an emergent setting</th>
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<tr>
<td>Supervision</td>
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<tr>
<td>Teaching rounds</td>
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<table>
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<tr>
<th>Discuss evaluations and treatment recommendations with patients and their families</th>
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<tr>
<td>Supervision</td>
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<td>Teaching rounds</td>
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<table>
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<tr>
<th>Medical Knowledge</th>
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<tbody>
<tr>
<td>Learning Objectives</td>
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<tr>
<td>Methods</td>
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<tr>
<td>Assessment</td>
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<tr>
<td>The resident will:</td>
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<tr>
<td>Demonstrate a basic understanding of normal child and adolescent development</td>
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<tr>
<td>Teaching rounds</td>
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<tr>
<td>Supervision</td>
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<td>Attending assessment</td>
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<tr>
<td>Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td>Attending assessment</td>
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<tr>
<td>Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td>Attending assessment</td>
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<tr>
<td>Understand and comply with NYS Mental Hygiene Law (Sections 9.13,9.39,9.40)</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td>Attending assessment</td>
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<tr>
<td>Demonstrate appropriate use/ documentation of chemical and physical restraints in the management of agitated/ violent children and adolescents</td>
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<td>Teaching rounds</td>
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<td>Supervision</td>
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<td>Attending assessment</td>
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Describe the indications for inpatient admission

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<th>Methods</th>
<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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## Practice-Based Learning and Improvement

### Learning Objectives

*The resident will:*

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<th>Methods</th>
<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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- Use evidence-based methodology to improve patient care

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<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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- Collaborate with ER house staff

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<th>Methods</th>
<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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- Critically appraise patient care practices in consultation with the attending psychiatrist

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<th>Methods</th>
<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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## Interpersonal and Communication Skills

### Learning Objectives

*The resident will:*

- Understand the indications for requesting/providing information from/to schools, child welfare agencies, ER clinicians, and others involved with patients while maintaining appropriate confidentiality

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<th>Methods</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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- Learn to provide timely and appropriate feedback to referring ER clinicians

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<th>Methods</th>
<th>Assessment</th>
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<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>• Supervision</td>
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- Write concise notes that provide psychiatric assessment and treatment recommendations

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<th>Methods</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>• Teaching rounds</td>
<td>• Attending assessment/chart review</td>
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<tr>
<td>• Supervision</td>
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### Professionalism

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<th>Learning Objectives</th>
<th>Methods</th>
<th>Assessment</th>
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<tr>
<td><strong>The resident will:</strong></td>
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</table>
| Maintain professional and therapeutic relationships with patients and their families | • Teaching rounds  
• Supervision | • Attending assessment |
| Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity, and responsible attitudes (respectful, compassionate, honest, responsible, considerate) | • Teaching rounds  
• Supervision | • Attending assessment |
| Liaison between parents, ER clinicians, and hospital staff when conflicts of interest arise | • Teaching rounds  
• Supervision | • Attending assessment |

### Systems-Based Practice

<table>
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<th>Learning Objectives</th>
<th>Methods</th>
<th>Assessment</th>
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<tr>
<td><strong>The resident will:</strong></td>
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| Advocate for quality patient care and assist patients in dealing with system complexities | • Teaching rounds  
• Supervision | • Attending assessment |
| Assist non-mental health medical professionals in understanding the mental health needs of their patients | • Teaching rounds  
• Supervision | • Attending assessment |
| Actively pursue disposition planning. | • Teaching rounds  
• Supervision | • Attending assessment |

Reviewed by Dr. Ruth Gerson, 2/2016 (no changes)
Cognitive Behavioral Therapy (CBT)

Faculty/Staff
- Danielle Kaplan, Ph.D. 212-562-3513
  Danielle.Kaplan@bellevue.nychhc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents)
Residents will follow one or two outpatient cases in cognitive-behavioral therapy. The elective comprises time spent seeing patients, individual or small-group supervision, and relevant readings on case conceptualization and treatment.

Number of Residents on the elective at any given time:

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).
Elective is full year, and generally requires 2-4 hours depending on the number of patients seen. Resident must be available to attend supervision at one of the following times:
- Monday 3-4 PM
- Thursday 2-3 PM or 3-4 PM

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Patient Care**: Residents will improve their ability to identify appropriate patients for CBT and select appropriate psychotherapeutic techniques for addressing presenting problems, as evidenced by selection of appropriate patients for the elective and development of a patient-specific treatment plan.

B. **Medical Knowledge**: Residents will increase familiarity with both disorder-specific CBT protocols and techniques for transdiagnostic intervention as evidenced by the ability to identify the major presenting issues within a CBT framework and create a session-by-session intervention strategy to address these issues.
C. **Interpersonal and Communication Skills**: Residents will demonstrate the necessary interpersonal and communication skills to establish therapeutic rapport with patients, as evidenced by the ability to successfully partner with patients in the assignment and completion of out-of-session homework assignments as appropriate (e.g. thought logs, exposure).

D. **Systems Based Practice**: Residents will partner with multidisciplinary care team as appropriate, as evidenced by frequent communication with other members of care team.

E. **Practice-Based Learning and Improvement**: As above.

F. **Professionalism**: Residents will fulfill all administrative requirements relevant to the care of their patients, including charting.

**Supervision**: (Please indicate the number of hours of supervision per week.) 1

**Readings**:

- Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision. All residents should become familiar with *Cognitive Therapy: Basics and Beyond*.

**Method of Evaluation**: (Online evaluation system: *New Innovations*, discussion of feedback with the resident, etc.)

- New Innovations and ongoing discussion and feedback with the resident. Residents are also invited and encouraged to provide feedback to the supervisor!

*Reviewed/No changes: 3/21/16*
Comprehensive Sex Therapy Training

Faculty/Staff
- Virginia Sadock, M.D., Director
  - 212-427-0885
  - virginia.sadock@nyumc.org
  - vsadock@msn.com
- Amy Rosenberg, LCSW, Co- Director
  - 212-535-3271
  - Amyrosenb@gmail.com

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The program is designed to offer residents skills in sex therapy, a behavioral approach to the treatment of sexual dysfunctions. Trainees treat sexually dysfunctional individuals and couples and are assigned to a supervisor. The resident attends a weekly seminar, run by the director and is assigned reading of advanced texts and other works covering the full spectrum of sexuality. Guest lecturers are invited to the seminar.

Number of Residents on the elective at any given time: 6 (# can stretch as needed)

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- The elective will run from September 19, 2016
- Through June 13, 2017. A minimum participation of 3 hours/week is necessary.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
A. **Patient Care**: Residents learn the dynamics of treating couples and develop the ability to diagnose and treat sexual dysfunctions such as desire problems, arousal and orgasmic problems and dysfunctions associated with pain.

B. **Medical Knowledge**: Learn to distinguish between psychological, physiological and mixed etiologies of sexual disorders. Learn the effects of medications on sexual function and the use of medication in the treatment of dysfunctions. Learn the appropriate behavioral exercises to apply to dysfunctions.

C. **Interpersonal and Communication Skills**: Develop the ability to clearly explain exercises, deal with excessive dependency, competitiveness, withdrawal between partners, and offer communication skills for partners to use with each other.

D. **Systems Based Practice**:

E. **Practice-Based Learning and Improvement**: Each resident receives hour for hour supervision of their treatment cases. Additionally, cases are shared and discussed in the weekly seminar.

F. **Professionalism**: Residents learn to elicit information in the sensitive, sometimes secretive area of sexuality; respect varied cultural mores and maintain appropriate boundaries. Residents learn to pace the introduction of new behavioral exercise according to the patients’ progress.

**Supervision**: (Please indicate the number of hours of supervision per week.)

- Hour for hour supervision/weekly depending on the caseload: Usually 1-2 hours of individual supervision and group supervision during the seminar hour.

**Readings**

**Bibliography**

**Required**: 


**Recommended**: 

Method of Evaluation: (Online evaluation system: New Innovations, Discussion of Feedback with the resident, etc.)

- Residents receive ongoing feedback throughout the elective from supervisors and the director.

Reviewed & Revised: Dr. Virginia Sadock, 3/7/16

Correctional Psychiatry

Location
Rikers Island Jail Complex, NYC Department of Correction
19-19 Hazen Street
East Elmhurst, NY 11370

NYC Health and Hospitals Corporation
55 Water St (effective 11/15), 18th floor
New York, NY

Faculty/Staff
• Elizabeth Ford, M.D. 347-774-7145, eford@nychhc.org
  Chief of Psychiatry, Correctional Health Services (CHS)
  Clinical Associate Professor of Psychiatry, NYU School of Medicine
• S. Shane Konrad, M.D. 347-774-7031, konrads1@nychhc.org
  Medical Director of Mental Health, CHS
  Clinical Assistant Professor of Psychiatry, NYU School of Medicine
• Robert Roy, MD; Susan Gray, MD; Allison Downer, MD
  Supervising Psychiatrists, CHS
• Jude Leung, Ph.D., yleung2@nychhc.org
  Director of Intensive Clinical Services, CHS Mental Health

1. Correctional Psychiatry for General Psychiatry Residents

Brief Description: This elective introduces residents to important differences between community and correctional psychiatry, including the environment of care, diagnosis and treatment (both psychopharmacologic and psychotherapeutic), patient populations, and maintaining a patient-centered health mission in a jail setting. Each resident will choose a primary clinical site within the jail complex (a mental health clinic, a general housing unit for those with mental illness, a specialty mental health housing area) and will provide care in that setting under the supervision of appropriate faculty. In addition to the clinical work, a half-day each week is reserved for didactics related to correctional psychiatry.
Schedule: This is a month-long elective best accomplished at least 3 days/week, from at least 9 am -2 pm, although full days and M-F schedule is encouraged. Included is one half-day of didactics including a weekly multi-disciplinary journal club.

*Alternative schedule available of one day/week for 6-12 months. Individual supervision provided.

Goals & Objectives by ACGME Core Competencies:

- **Patient Care**
  Goal: Understand the unique clinical and biopsychosocial issues that face patients with mental health issues in the criminal justice system
  Objectives:
  - Conduct at least 3 comprehensive psychiatric assessments per week
  - Provide ongoing psychiatric treatment for up to 5 patients at a time
  - Work with multi-disciplinary staff, including physician extenders and discharge planning, to formulate and carry out appropriate treatment plans
  - Document all relevant information in the electronic medical record in a timely way
  - Interact effectively and in accordance with confidentiality standards with correction officers, attorneys, family members, parole personnel, and other non-health care staff

- **Medical Knowledge**
  Goal: Become familiar with the psychopathology present in incarcerated populations and the efficacy of various treatment options
  Objectives:
  - Employ DSM (latest version) diagnostic categories correctly to all patients evaluated
  - Recognize the high incidence of co-morbidity with substance use, intellectual impairment and trauma in correctional settings
  - Understand the reasoning behind certain medication choices in a jail setting, including diversion, efficacy and institutional restrictions
  - Learn how to conduct supportive psychotherapy, CBT and group psychotherapy in a jail setting
  - Recognize the impact of incarceration on symptom presentation

Interpersonal and Communication Skills
Goal: Ability to communicate effectively with patients, clinical staff, security staff and legal personnel to help improve the quality of holistic patient care and advance the health care mission
Objectives:
Establish a therapeutic alliance with patients and appreciate the different challenges they face compared to community care settings

Communicate effectively with clinical staff of all disciplines, including nurses, physician assistants, nurse practitioners, social workers, treatment aides, mental health clinicians and physicians

Communicate effectively and appropriately with custody staff to insure safety of inmates and staff

**Systems Based Practice**
**Goal:** Understand the differences between correctional psychiatry and community psychiatry
**Objectives:**
- Understand the structure, function and staffing of the Rikers Island jail complex
- Recognize the ethical conflicts related to dual loyalty in the criminal justice system
- Adhere to and understand the basis for practice related to litigation (e.g. Brad H. stipulation)
- Understand the available community resources for patients released from jail

**Practice-Based Learning and Improvement**
**Goal:** To improve clinical and leadership skills by incorporating feedback from supervisors
**Objectives:**
- Improve clinical skills through case discussion in supervision
- Improve assessment and documentation skills through case review
- Present a brief overview of a relevant topic to the multi-disciplinary staff
- Increase comfort with seeking supervision

**Professionalism**
**Goal:** To be able to interact respectfully with patients, multi-disciplinary health staff and security staff
**Objectives:**
- Demonstrate respect for patients of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Dress appropriately for clinical interactions
- Respect and adhere to all safety and security guidelines

**Supervision:** One hour/week dedicated supervision with designated MD faculty; ad hoc supervision on daily basis with site supervisors.

**Readings:**
2. Correctional Psychiatry Rotation for 4th year Medical Students

**Brief Description:** This elective introduces medical students to important differences between community and correctional psychiatry, including the environment of care, diagnosis and treatment (both psychopharmacologic and psychotherapeutic), patient populations, and maintaining a patient-centered health mission in a jail setting. Each medical student will choose a primary clinical site within the jail complex (a mental health clinic, a general housing unit for those with mental illness, a specialty mental health housing area) and will provide care in that setting under the supervision of appropriate faculty. In addition to the clinical work, a half-day each week is reserved for didactics related to correctional psychiatry that is conducted in conjunction with other residents and fellows on rotation.

**Schedule:** This is a month-long elective best accomplished at least 3 days/week, from at least 9 am -2 pm, although full days are encouraged. Included is one half-day of didactics as described for the resident elective above.

**Goals and Objectives:** These are similar to the goals and objectives outlined for the residency elective however medical students will be expected to perform at least 1 comprehensive psychiatric assessment per week and work with at most 3 patients at a time in ongoing treatment.

**Supervision:** One hour/week dedicated supervision with designated MD faculty; ad hoc supervision on daily basis with site supervisors.

**Readings:**

**Method of Evaluation:**
- Discussion of feedback with the resident
Written evaluation at the end of the elective

3. Correctional Psychiatry Research Elective for Medical Students, Residents or Fellows

**Brief Description:** This elective is designed to introduce medical trainees at all levels to the literature related to correctional psychiatry, important concepts and standards of care, and gaps in knowledge that require further study. Using the Quality Improvement process that CHS employs to increase the level of mental health care provided at Rikers Island, each trainee will have the opportunity to design, implement, and analyze the results of a study created in collaboration with the Chief of Psychiatry. Trainees can choose to create a study *de novo* or join a project already in progress. Examples of possible projects include best practices for managing various psychiatric disorders in a jail setting, the impact of new programming on clinical outcomes, staff safety, trauma in jail settings, and non-traditional psychiatric practices (e.g. exercise, yoga, meditation).

**Schedule:** This is a year-long elective that requires on-site time at least one day/week. Included is one half-day of didactics and shared with other trainees involved in correctional psychiatry electives. The expectation is that there will be at least another day/week of time devoted to literature review, research design, analysis of data and report writing.

**Goals and Objectives:**

**Goal:** Participate in a research project designed to provide results that can be used to improve the quality of mental health care for incarcerated individuals in New York City

**Objectives:**
- Work under supervision to pick a topic of interest to the trainee and of importance in correctional psychiatry
- Conduct a literature review related to the topic and the gaps in knowledge
- Work with research team and mentor on all aspects of research design and implementation
- Learn the basics of health care research including types of study design, subject enrollment, time management, basic statistical analysis, and dissemination of results

**Goal:** Understand the history of research on correctional populations and current regulations

**Objectives:**
- Learn about Institutional Review Boards and, if indicated, help draft an IRB application
- Understand why prisoners are considered protected subject populations
- Read the Belmont Report and the Code of Federal Regulations concerning prisoner research
Goal: Submission of work for a national presentation or publication OR presentation at a local or national forum

Objectives:
- Learn publication styles for relevant national journals
- Understand how to craft a succinct and powerful abstract
- Practice communicating study design and results to a broad audience in language they will understand
- Learn how to write an article for publication

Supervision: One hour/week dedicated supervision with ED of Mental Health; ad hoc supervision either in-person or remotely as needed

Readings:

Method of Evaluation:
- Discussion of feedback with the resident
- Written evaluation at the end of the elective

Created by: Elizabeth Ford, MD, 4/2016
Early Childhood Mental Health

Faculty/Staff

- J. Rebecca Weis, MD Director of Early Childhood Mental Health, Bellevue Hospital
  - 212-562-3290 or 347-229-6991 jenny.weis@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Residents will have the opportunity to explore topics in Early Childhood Mental Health, a subspecialty that really draws upon knowledge of both child development and adult mental health since treatment generally involves working with very closely with the parent or guardian of the young child. In order to facilitate growth of knowledge in this area, residents will be given early childhood mental health foundational readings (chapters and journal articles) and will also have the opportunity to present topics or case material – we will arrange based on the resident schedules a time to review these readings/topics. Clinical experience will be obtained through assisting in the Group Attachment Based Intervention (GABI) therapy groups for parents and young children (age 0-3) in the child psychiatry clinic at Bellevue. This group will be meeting Thursday mornings each week, from 10am-12pm. There is direct supervision during the group with Dr. Weis as well as with psychologist Dr. Vanessa Rodriguez. Additionally, a thirty minute time slot is reserved immediately after group for supervision and debriefing of events from the group. The group includes a dyadic therapy component for the first hour and then separate parent and child groups for the second hour. This gives clinicians the opportunity to observe and work with the children both in the context of their relationship with their primary caregiver and also in the context of a brief separation from their primary caregiver. Residents will also have the opportunity to participate in the parent portion of the group, where parenting skills and reflective functioning (an important component of secure attachment) will be emphasized with parents. Additionally, if interested, residents may be able to participate in a parenting education series (Circle of Security Parenting©) that is provided in 4 week cycles at the hospital (depending on availability when the resident is doing the elective). This manualized parenting curriculum is focused on parenting children ages 0-5 and focuses on attachment concepts. Additionally, if interested, residents may participate in intake appointments for young children and families in the clinic. Many of the families with whom we work are high-risk for future child mental health problems given the adversity level (financial, social, psychiatric, etc.) of the
families, but through earlier intervention we are able to support parents in minimizing the impact on their children of the adversities they face.

**Schedule:** (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

**Number of Residents on the elective at any given time:** flexible

There is flexibility in the implementation of this elective –

- Didactic component – discussion of early childhood mental health readings and topics will be arranged based on resident schedule and number of residents participating in elective.
- Participation in the GABI groups (which is a 2.75 hour commitment) is the one fixed component of the elective – time requirement Thursday mornings 9:45 am – 12:30 pm.
- Participation in the Circle of Security Parenting© parent education curriculum requires one hour per week but is dependent on whether or not the curriculum is running at the time of the elective.
- There may also be at times the need to coordinate services with outside agencies involved in the treatment of some families – this might entail the resident spending from 15-30 minutes per week outside of blocked elective time to make phone calls.
- Participation in intake sessions for the early childhood mental health service if desired by the resident – can be scheduled with flexibility between the hours of 9a-4pm Monday-Friday.

Because of the possibility for flexibility, hours per week could range from 3.5 to 7.5 hours per week.

Although shorter duration electives can be discussed, it is recommended that PGY4 residents be able to commit to at least a 3 month elective as this will give them time to become adequately acquainted with 1-2 families in the GABI groups to have a meaningful experience working with them.

**Goals** (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

**A. Patient Care: At the conclusion of this elective, the resident will be able to:**

1. Discuss how traditional diagnostic classifications can be applied to young children as well as some of the specific modifications that need to be made when exploring mental health in young children.
2. Additionally, residents will be able to shift to the concept of a relationship based diagnosis for young children and their primary caregiver.

3. Outline a treatment plan, including how to best support the relationship between parent and young child and target specific issues that the parent and child bring to the clinician for assistance.

B. Medical Knowledge: At the conclusion of this elective, the resident will be able to:

1. Expand first-hand knowledge of early childhood development.
2. Discuss key features of mental health diagnosis in young children.
3. Present and critique important articles in the field.

C. Interpersonal and Communication Skills: At the conclusion of this elective, the resident will be able to:

1. Establish a therapeutic alliance with the young children AND their parents.
2. Relate with young children at an appropriate developmental level.
3. Explain parenting concepts to parents in a manner that is non-judgmental and acceptable to parents.
4. Discuss clinical concerns and recommendations as applicable with other involved agencies (such as ACS, preventive services agencies, Head Start, etc.).

D. Systems Based Practice: At the conclusion of this elective, the resident will be able to:
Understand some of the community resources (such as Early Intervention) available to very young children that may be accessed by their parents and provide guidance to parents in following through with referrals to such resources.

E. Practice-Based Learning and Improvement: At the conclusion of this elective, the resident will be able to:
Develop their academic and clinical skills in the context of direct patient care, with direct attending supervision during patient encounters.

F. Professionalism:
Our residents are encouraged to follow the highest standards of professionalism to prepare them for their careers beyond residency. In order to ensure the highest standards of teaching, we encourage the residents to provide critical feedback to the faculty on administrative, clinical, and academic matters.
Supervision: (Please indicate the number of hours of supervision per week.)

- As noted above, the elective will include direct supervision during GABI groups as well as thirty minutes after each group for supervision without patients present.

Readings:

- Relevant foundational readings will be assigned as noted above. Additionally, at the beginning of the elective, residents will be provided a packet of introductory materials to review to provide a foundation for clinical work in the GABI group or be provided a link for online training in this treatment (developed by the Center for Babies, Toddlers, and Families). If residents have additional specific interest areas within the topic of ECMH, we will work collaboratively to help them explore these additional resources.

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

- Ongoing face-to-face feedback with the resident, in addition to New Innovations.

Revised: As of March 18, 2016, J. Rebecca Weis
ECT

Faculty/Staff

- Patrick Ying, MD
- 212-263-7419
- patrick.ying@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The elective will cover the evaluation and treatment of patients referred for ECT. Residents will learn how to assess a patient for ECT, including the diagnostic indications, and pre-procedure workup. Residents will also learn how to perform ECT, including intra-operative and post-operative management. In the past, residents have used this experience in order to obtain privileges in ECT, although others have found it valuable even if they do not plan to perform ECT.

NB: It is frequently asked whether or not one can get “certified” in ECT during this elective. Certification for ECT follows individual hospital standards. Residents have obtained ECT privileges using this elective experience, although it is not sufficient to obtain privileges at NYU.

Number of Residents on the elective at any given time: 2 residents at the same time, although more than 2 can do it during the year.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Approximately 5-6 hours/week. ECT begins at 7:30AM on Mondays and Fridays, and 8:30 AM on Wednesday (currently, Dr. Greenberg treats on Monday, and Dr. Sjulson treats on Friday). Residents should expect to treat one morning a week (usually Wednesday), and round with the ECT team, the day before. In addition, residents should also participate in outpatient consultations at One Park Avenue. I would think twelve weeks is the minimum amount of time, although it need not be contiguous.
**Goals** (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

A. **Patient Care**
   - **Goal**: 4.2/C Appropriately selects evidence-based somatic treatment options (including second and third line agents and other somatic treatments) for patients whose symptoms are partially responsive or not responsive to treatment
   - **Objective**: The resident will be able to identify appropriate patients for ECT.

B. **Medical Knowledge**
   - **Goals**: 2.5/B Describes length and frequency of ECT treatments, as well as relative contraindications
   - 3.3/B Describes specific techniques in ECT
   - 5.1/A Integrates emerging studies of somatic treatments into knowledge base
   - **Objective**: The resident will be able to describe an ECT course of treatment and execute common techniques in ECT.

C. **Interpersonal and Communication Skills**
   - **Goal**: 4.2/C Leads a multidisciplinary care team
   - **Objective**: Will lead a multidisciplinary team, of nurses, PCTs, and anesthesiologist during ECT procedure

D. **Systems-Based Practice**
   - **Goal**: 4.2/C Manages complicated and challenging consultation requests
   - 2.2/B Consistently uses structured communication tools to prevent adverse events (e.g., checklists, safe hand-off procedures, briefings).
   - **Objective**: Resident will be able to respond to consultations for ECT, will use checklist for pre-procedural “timeout”

E. **Practice-Based Learning and Improvement**

F. **Professionalism**
   - **Goal**: 3.3/B Recognizes ethical issues in practice and is able to discuss, analyze, and manage these in common clinical situations
   - **Objective**: The resident will be able to identify and respond appropriately to the unique issues regarding informed consent and ECT.

**Supervision**: (Please indicate the number of hours of supervision per week.)

- ECT is conducted with direct supervision – 3-4 hours.
Readings:

- The practice of electroconvulsive therapy: Recommendations for treatment, training, and privileging (2nd ed.)
- A Prospective, Randomized, Double-blind Comparison of Bilateral and Right Unilateral Electroconvulsive Therapy at Different Stimulus Intensities, Arch Gen Psychiatry. 2000;57:425-434

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

Revised by, Dr. Patrick Ying, 3/21/16
Forensic Psychiatry, AOT/NYC Department of Health and Mental Hygiene

Faculty/Staff
- Scott Soloway, M.D., Director Manhattan/Rikers AOT 347-396-7262, ssoloway@health.nyc.gov or scott.soloway@nyumc.org
- Serena Volpp, M.D., AOT Psychiatrist 347-396-7207, svolpp@health.nyc.gov or serena.volpp@nyumc.org
- Jennifer Correale, Esq. 347-396-6066, jcorreale@health.nyc.gov or jennifer.correale@nyumc.org

Sites:
- Main office: NYC Department of Health and Mental Hygiene, 42-09 28th Street, 20th floor, Queens, NY 11101
- Exam site: NYC Department of Health and Mental Hygiene, Central Harlem Clinic Building, 3rd floor, New York, NY 10035
- Court: Bellevue Hospital, 19th floor court room

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Assisted Outpatient Treatment (AOT) Program is New York State’s outpatient psychiatric commitment law, charged with assisting mentally ill clients consistently adhere to a court ordered community treatment plan and addressing obstacles to obtaining appropriate care. Each county in the state administers the AOT program for its mentally ill clients. In New York City, the AOT Program is run by the Department of Health and Mental Hygiene and is staffed with evaluating and consulting psychiatrists. Participating residents will become part of the AOT team for the duration of their rotation, assisting in preparing and conducting forensic psychiatric examinations of AOT clients and in making recommendations for court mandated treatment. Residents will have the opportunity to interact with a variety of mental health service providers/agencies in the city and may attend AOT Directors meetings, special incident reviews, and case conferences.

Number of Residents on the elective at any given time: One
Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Ideally at least 3 days a week (9-5) for 4 weeks for the resident to get a full experience. Residents would spend 1-2 days per week (exams take place Mondays, Wednesdays, and Thursdays) at the exam site for the AOT exams and 1-2 days per week at the main office preparing AOT and participating in any meetings. Residents would also attend AOT court hearings every other Friday morning at Bellevue. This full experience will include senior staff meetings and special reviews of cases.

The elective could be tailored to the resident’s interests and schedule, including the possibility of a 2 week mini-rotation. At a minimum, a full 4 weeks would require a minimum of 2 days (one day of prep for AOT exams, one day of exams) per week, plus court every other Friday morning at Bellevue. A 2 week mini-rotation would require, like the PGY-II rotation, a minimum of three days per week.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Patient Care
Goal: Navigate the dual role of AOT evaluator and advocate for client’s mental health
Objectives:
- Prepare for AOT evaluation by a review of the AOT record
- Tailor the AOT evaluation to the particular challenges that a given AOT client faces in maintaining adherence to psychiatric treatment
- Engage the AOT client through psychoeducation
- Utilize recovery-oriented principles to assist in engaging the client and in identifying facets of a treatment plan that will address client’s goals

Medical Knowledge
Goal: Strengthen knowledge of standards of care for a variety of mental illnesses
Objectives:
- Apply knowledge of DSM and other sources to appropriately diagnose clients
- Use treatment guidelines to direct treatment planning
- Use findings from AOT files and evaluation to make psychopharmacologic recommendations
- Investigate the appropriateness of mandating specific biological (e.g. long-acting injectable medications) and psychological interventions
Interpersonal and Communication Skills
Goal: Interact effectively with clients, mental health providers from a variety of disciplines, and non-medical professionals (e.g. attorneys)
Objectives:
• Integrate psychoeducation and recovery-oriented principles into AOT evaluations and case conferences
• Consult with case managers and ACT teams to get updates on clients, recommendations regarding AOT, and to ascertain barriers to treatment
• Consult with treating psychiatrists regarding treatment regimens for AOT clients
• Work with attorneys to document for the court why AOT is or is not recommended for a given client
• Translate clinical information obtained in evaluations into lay language for use in court petitions

Systems Based Practice
Goal: Understand how AOT fits within the system of community psychiatric care
Objectives:
• Participate in team meetings to review AOT’s role in its client’s care
• Attend meetings at NYC Department of Health and Mental Hygiene and NYS Office of Mental Health regarding AOT
• Participate in multidisciplinary case conferences and special reviews
• Participate in review of AOT referrals from the community, inpatient and forensic settings

Practice-Based Learning and Improvement
Goal: Incorporate data from a variety of sources into treatment planning and decisions regarding pursuit or non-pursuit of AOT
Objectives:
• Review published studies and data collected by NYC DOHMH and NYS OMH regarding AOT’s effectiveness
• Write reports for the file and court and edit those reports with AOT psychiatrist supervision
• Participate in feedback sessions after direct evaluation of clients by AOT psychiatrists and forensic psychiatry fellows
• Discuss AOT clients at special reviews and case conferences in the context of reviews of the literature for specific illnesses/behaviors
Professionalism

Goal: Use the multidisciplinary team structure and requirement of collaborating with a variety of community treatment providers and non-mental health professionals to elevate

Objectives:
• Demonstrate respect for AOT clients of all cultural backgrounds
• Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
• Prepare for interactions with outside providers and non-mental health professionals in order to present information and to ask questions in an organized and appropriate way, respectful of confidentiality limits.

Supervision: (Please indicate the number of hours of supervision per week.)

• Direct supervision on all work from the Manhattan AOT Director and other psychiatrists. At least one hour/week dedicated supervision with Manhattan AOT Director.

Readings:


2. Special full issue of Psychiatric Services, Oct 2010; 61 (10)

3. Website: http://bi.omh.ny.gov/aot/about

Method of Evaluation: Online evaluation system: New Innovations; discussion of feedback with the resident, etc.

Reviewed & Revised by Dr. Scott Soloway, 2/25/16
Forensic Psychiatry, Inpatient

Faculty/Staff
Jeremy Colley, M.D.  212-562-3626, jeremy.colley@nyumc.org
Bipin Subedi, M.D.  212-562-8976, bipin.subedi@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Bellevue Hospital Center Forensic Inpatient Psychiatry Service is the only hospital-based jail facility for men in New York City and one of only several in the country. As such, it provides an opportunity for residents to become familiar with the types of psychopathology and stressors (especially legal and environmental) common to the growing population of incarcerated mentally ill. The elective involves responsibility for the care and management of up to 5 patients at a time, always under close attending supervision. Issues related to solitary confinement, high profile and/or serious crimes, gang activity, jail/prison culture, navigating the criminal justice system, and barriers to mental health care in a jail environment are dealt with on a daily basis on the service. Residents will be given the opportunity to consolidate general inpatient psychiatry skills, including management of acute agitation and treatment of severe forms of psychosis, mood episodes and personality disorders. There is an added focus on documentation and exposure to competency and treatment over objection evaluations. Rotators will be encouraged to observe mental hygiene court on Tuesday mornings at Bellevue.

Number of Residents on the elective at any given time: 5

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This elective is best accomplished for at least 4 consecutive weeks, 5 days/week, from at least 9-12pm, for PGY-IVs. Full-time is preferred.

Full-time two-week electives are permitted for PGY Is and IIs.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
Patient Care
Goal: Understand the unique issues specific to treating incarcerated mentally ill individuals
Objectives:
• Identify the treatment concerns working within a correctional setting
• Learn the standard of care for managing aggressive and/or violent patients
• Formulate appropriate treatment plans utilizing a multi-disciplinary approach
• Understand the scope of legal issues facing forensic patients and the impact that these issues may have on patients’ mental illness and compliance with treatment
• Formulate the interaction between personality, temperament, culture, clinical symptoms and the patient’s functioning

Medical Knowledge
Goal: Become familiar with the psychopathology present in incarcerated populations and treatment paradigms within a restricted therapeutic environment
Objectives:
• Apply DSM-5 diagnostic categories of major psychiatric syndromes and personality pathology to the patient population
• Appreciate the complex interaction between SPMI and personality disorders, specifically related to antisocial and borderline character pathology
• Recognize the psychiatric medications that have “street value” in a correctional setting and understand the potential implications of prescribing such medications
• Be familiar with the high prevalence of substance abuse disorders as co-morbid conditions in forensic populations and be able to recognize substance-induced clinical symptoms
• Understand the treatment goals for patients admitted for competency to stand trial evaluations or court-ordered psychiatric evaluations
• Understand the difference in civil commitment and correctional commitment statutes and how/when to apply each of these
• Understand and effectively implement knowledge of the treatment over objection and retention standards in New York State

Interpersonal and Communication Skills
Goal: Ability to communicate effectively with criminal justice and legal personnel to help further patient care
Objectives:
Establish rapport and therapeutic alliance with the patient population
• Interact effectively with unit officers from the Department of Correction in order to maintain as therapeutic an environment as possible for the patients
• Be aware of confidentiality policies regarding HIPAA and Department of Correction
• Be able to effectively communicate, both in writing and verbally, with jail psychiatric staff at Rikers Island

**Systems Based Practice**

**Goal:** Understand the differences between the legal requirements that govern civil commitment of civilians and criminal detainees

**Objectives:**
- Be aware of the different services that are involved in the care of incarcerated patients, including city, state and federal agencies (including Bellevue Hospital and HHC, City and State Departments of Correction, City and State Offices for Mental Health, Rikers Island psychiatric and administrative staff).
- Understand the procedures involved when patients are taken to court hearings while hospitalized on the service
- Understand the requirements of care as outlined by case law, specifically the Reynolds and Brad H. stipulations

**Practice-Based Learning and Improvement**

**Goal:** To improve clinical and leadership skills by incorporating feedback from supervisors

**Objectives:**
- Improve clinical skills by case discussion in supervision with assigned attending
- Integrate supervisory feedback and suggestions into the management of cases
- Perform literature searches and seek consultation as indicated for complex cases
- Improve ability for interdisciplinary dialogue and leadership by participating in morning rounds, community meetings, weekly lectures, and by managing a treatment team

**Professionalism**

**Goal:** To be able to maintain appropriate boundaries and advocate for patient care within an inherently punitive environment

**Objectives:**
- Demonstrate respect for patients and staff, regardless of criminal charges or background
- Display an empathic attitude towards patients and their family members
- Be reliable, punctual, honest, and respectful in all interactions with staff
- Dress appropriately for the population served (i.e. no large or dangling jewelry, no short skirts or low-cut blouses) and safety risks present
• Be able to discuss frustrations in appropriate settings (i.e. supervision) and not in front of patients or other staff
• Demonstrate an understanding of the countertransference that frequently develops with this population

**Supervision:** (Please indicate the number of hours of supervision per week.)

• One hour/week dedicated with primary attending; ad hoc supervision on daily basis

**Readings:**


**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

*Reviewed by Dr. Bipin Subedi, 3/24/16*
Forensic Psychiatry, Manhattan Court Clinic

Faculty/Staff

- Jeremy Colley, M.D.  212-562-4811, jeremy.colley@bellevue.nychhc.org or jeremy.colley@nyumc.org
- Steven Ciric, M.D.  212-374-2952, steven.ciric@bellevue.nychhc.org or steven.ciric@nyumc.org

Address:
100 Centre Street, 5th floor - Room 500
New York, NY  10013

- Transportation: #3 Train, #4 & 5; N, R, & Q
- Report for Rotation at 9:00 a.m.

Description:

This elective teaches residents to perform comprehensive forensic psychiatric examinations of criminal defendants and probationers, and to write concise reports. Adult male and female offenders, as well as adolescent male and female offenders being charged as adults, are referred to the clinic for competency to stand trial examinations, pre-sentencing mental health assessments, recommendations for mental health and substance use treatment for persons on probation, and other evaluations as requested by the judge in a particular case. During the rotation, trainees will have an opportunity to attend the weekly forensic psychiatry seminars.

Number of Residents on the elective at any given time: 1

Schedule:

Subject to availability of desired dates, the elective is open to PGY-1/2 and PGY-4 residents. PGY-1/2 residents may apply for a full-time (Mon-Fri, 9am-5pm) two-week elective. PGY-4 residents may apply for a part-time elective ranging from one day per week, 9am-2pm, for 4 weeks, up to a full-time commitment.

Goals & Objectives by Core Competencies:

Clinical Evaluation (in lieu of Patient Care)
Goal: Understand the unique issues specific to performing competence to stand trial and court-ordered forensic psychiatric evaluations

Objectives:
- Perform a comprehensive examination for competence to stand trial
- Perform a comprehensive examination for diagnosis and treatment for Probation
- Select relevant clinical information for inclusion in reports to the courts or Probation
- Organize the relevant information into a well-reasoned forensic report
- Formulate forensic psychiatric conclusions and recommendations that are responsive to the issues presented in the particular case.
- Interact effectively with attorneys, judges, and probation officers in consultation about offenders being examined

Medical Knowledge

Goal: Become familiar with the psychopathology present in incarcerated populations and the legal standards relevant to specific forensic psychiatric evaluations

Objectives:
- Employ DSM-5 diagnostic categories correctly to all offenders examined
- Recognize the high incidence of co-morbidity of substance abuse and psychiatric disorder in the forensic population and the impact on forensic issues
- Understand the legal criteria for competence to stand trial in New York
- Understand the indications for psychological testing in forensic cases and be able to make appropriate referrals for testing, particularly with regard to malingering
- Understand the legal constraints and requirements for mandated treatment under probation and in treatment courts

Interpersonal and Communication Skills

Goal: Ability to communicate effectively with criminal justice and legal personnel to help improve the quality of the forensic evaluation

Objectives:
- Establish rapport with offenders to be examined, with careful attention to the lack of a treatment relationship and lack of confidentiality
- Collaborate effectively with both clinic staff and legal and court personnel
- Communicate effectively with Correction Officers to ensure safety of inmates and staff
- Consult with judges, attorneys and probation officers to clarify issues in difficult cases
**Systems Based Practice**

**Goal:** Understand the differences between forensic psychiatric evaluations and psychiatric treatment

**Objectives:**
- Understand legal and clinical relationships between the clinic, inpatient service, jails at Rikers Island, courts, probation department, and outside treatment providers
- Understand the structure and function of the Probation Department, which is divided into investigation and supervision units
- Be able to relate effectively with defense attorneys and district attorneys in competency cases, both to gather information from them and to provide answers to their inquiries
- Understand the available resources and the limitations in resources in the community for treatment of probationers after sentencing

**Practice-Based Learning and Improvement**

**Goal:** To improve clinical and leadership skills by incorporating feedback from supervisors

**Objectives:**
- Improve clinical skills through case discussion in supervision with psychiatric attendings
- Improve report-writing skills through review of each case with supervisor
- Seek consultation with psychiatric attending or staff psychologist for guidance in difficult cases

**Professionalism**

**Goal:** To be able to interact respectfully with multi-disciplinary staff and criminal defendant/probationer population

**Objectives:**
- Demonstrate respect for criminal defendants and probationers of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Dress appropriately for clinical interactions

**Supervision:**
One hour/week dedicated supervision with the Medical Director of the Manhattan Court Clinic; additional ad hoc supervision is generally available.

**Readings:**


**Method of Evaluation:**

Online evaluation system: *New Innovations*; and discussion of feedback with the resident.

*Reviewed by Dr. Steven Ciric, 3/21/16 (with changes)*
Global Mental Health: Psychiatry in Ghana

Course Coordinators

- Lianne Morris-Smith, MD, MA (Medical Director, Attending Psychiatrist, Manhattan Psychiatric Center Outpatient Department) lianne.smith@nyumc.org
- Rubiahna Vaughn, MD, MPH (Psychosomatics Fellow, Massachusetts General Hospital) rubi.vaughn@gmail.com

Faculty/Staff

- Carol Bernstein, MD (Vice Chair for Education, Director of Residency Training) carol.bernstein@nyumc.org
- Helena Hansen, MD, Ph.D. (Research Assistant Professor, NYU Departments of Psychiatry and Anthropology) helena.hansen@nyumc.org  (718) 872-8587
- Sammy Ohene, M.B.Ch.B. (Chair, Department of Psychiatry, University of Ghana Medical School)

Description:
This elective is the product of an international elective piloted in 2013-2014 by two NYU psychiatry residents and the residency program director, Dr. Carol Bernstein. It is an integral part of a collaborative institutional relationship between the NYU Department of Psychiatry and the Department of Psychiatry at the University of Ghana Medical School (UGMS). As in many low and middle-income countries, Ghana suffers from a severe shortage of mental health specialists: there are currently 16 psychiatrists for a population of 25 million. The pipeline for Ghanaian psychiatrists remains restricted for the foreseeable future given recent trends and the low expressed interest in the field by junior medical trainees. The few senior psychiatric specialists are over-extended with clinical and other professional duties leaving them with minimal time to teach and mentor trainees. This limits opportunities for mentorship, modeling, teaching, and curricular development, which impacts trainees’ motivation to enter a highly stigmatized and under-resourced field. The primary goals of the NYU-UGMS Undergraduate Medical Educational Initiative, and this NYU elective are (1) to provide educational
support to teach medical students, house officers, and residents at the University of Ghana Medical School and (2) to provide an international experience for NYU residents with a strong interest in leadership in global mental health and underserved populations.

The elective will allow a selected group of PGY-2 and PGY-4 residents the opportunity to spend 2 - 4 weeks together on-site in Accra, Ghana. Selected PGY-2 residents will be expected to have a strong interest in maintaining their involvement in the Initiative following the on-site elective as well as in returning to Ghana in their PGY-4 year. In Accra, residents will spend 50% of their time engaged in clinical observation at both Korle Bu Teaching Hospital (KBTH) and Accra Psychiatric Hospital, and the remainder of the time teaching UGMS medical students, residents, and rotating house officers. There will also be teaching expectations for these residents on-site at NYU as they will be actively involved in the continued development of the NYU-UGMS Undergraduate Medical Educational Initiative.

Specifically, the elective requires:

- Residents will attend 100% of the Global Mental Health Seminar Series (3 seminars with associated readings) to gain the theoretical background and logistical information required for the time spent on-site in Ghana.
- Residents will take an active role in the planning, implementation and evaluation of the NYU-UGMS Educational Initiative. This may include preparing lectures and other learning materials for medical students and residents in Ghana, providing in-person and distance teaching and supervision for medical students and residents, and developing and/or collecting metrics to evaluate the initiative.
- Residents will spend 2- 4 weeks in Accra, Ghana with 50% of their time doing clinical observation and 50% of their time doing teaching and supervision.
- Residents are expected to keep a patient case-log, which is to be emailed to the elective coordinators at the end of the resident’s on-site rotation.
- Residents are expected to present on a topic relevant to their experience upon their return from Ghana and to document the experience in a reflection paper and/or scholarly article.

The elective is intended to foster the following skills:

- Cultivate a basic understanding of the global mental health literature and of mental health care in Ghana
- Attain experience as well as develop resourcefulness and creativity in team-based curriculum development and teaching on basic topics in psychiatry in a lesser-resourced, cross-cultural setting
Department of Psychiatry Residency Training Program, 2016-2017

- Develop leadership skills appropriate for inter-departmental and international collaborations
- Hone diagnostic and therapeutic skills in a differently resourced setting
- Gain clinical experience and a systems-based perspective in addressing the health care needs of underserved communities through exposure to alternative modes of healthcare delivery and resource allocation
- Increase cultural awareness and cultural humility
- Understand differences in medical education and health care systems

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Minimum commitment (over a one year period):
- 3 hour of didactics in Global Mental Health Seminar Series at One Park.
- 1-4 hours per week for planning and creating educational materials (lectures, review sheets, test questions etc.) for the NYU-UGMS Educational Initiative.
- 8-hour clinical days for 5 days per week over 2 - 4 weeks spent at KBTH and Accra Psychiatric Hospital for clinical observation, teaching and supervision of medical students, house officers, and junior residents. This includes on-site and teleconferencing-based clinical supervision.

Total weekly time commitment over one year: 40 hours/week while in Ghana; 0-4 hours/week while at NYU.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Medical Knowledge:** Resident will gain knowledge of the global mental health literature and interventions used to address the global shortage of mental health providers. Resident will also learn to contextualize this knowledge by clinic observations in Ghana and collaboration with UGMS faculty, staff, residents and students.

B. **Interpersonal and Communication Skills:** Resident will practice and demonstrate a flexible vocabulary and set of culturally and professionally appropriate approaches not only for interaction with patients in an international setting, but also for effective interactions and coordination with health care providers in a differing system of care.
C. **Systems Based Practice:** This elective will uniquely prepare residents for conceptualizing and acting upon clinical and educational problems on a systems-level (institutional/international) by participating in the development of the international, inter-departmental collaboration between NYU and UGMS.

D. **Professionalism:** Residents will demonstrate enhanced leadership skills as psychiatrists and leaders in global mental health, by addressing a shortage in the global mental health workforce. Additionally, residents will develop an enhanced appreciation for and sensitivity to the ethics of international collaborations with lower and middle income countries.

**Supervision:** (Please indicate the number of hours of supervision per week): 1-2 hours/week with on-site NYU faculty elective coordinator while in Ghana. Weekly to biweekly 1-hour Skype calls with the residency program director and other faculty and residents involved in the elective.

**Readings:**
Course readings for the Global Mental Health Seminar Series (available online on Google Drive).

**Method of Evaluation:**
Online evaluation of elective via New Innovations; focus group with residents mid-year and at the end of the elective year.

*Created by: Lianne Morris-Smith, MD, MA, 4/29/2016*
Gouverneur Health: Integrated Community Behavioral Health with Multicultural Populations

Faculty/Staff

- Hunter L. McQuistion, MD
  212.238.7327
  Clinical Associate Professor
  Director, Department of Behavioral Health, Gouverneur Health
  mcquisth@nychhc.org

- Pura Castillo, MD
  Assistant Professor
  212.238.7307
  castillop@nychhc.org

- J. Farrell Lines, MD
  Clinical Instructor
  212.238.7081
  linesj@nychhc.org

- Hiwot Woldu, MD
  Clinical Assistant Professor
  hiwot.woldu@nychhc.org
  212.238.7393

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Located on the Lower East Side, Gouverneur Health is the largest outpatient center within the NYC Health & Hospitals system. In a modernized physical plant, the Department of Behavioral Health provides mental health services in a clinic and day treatment settings, as well as being embedded within the primary care clinic within the facility. The range of diagnostic presentations is broad: from adjustment disorders to serious mental illnesses. The patient population served by the Department is remarkably diverse, with a true
community focus, particularly meeting the needs of Latino and Chinese residents of Lower Manhattan. The Department is also an active training site for psychology externs and social work students.

Number of Residents on the elective at any given time: 2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This is a 6-month to one-year elective, depending on role, with flexible scheduling and minimally 8 hours per week. Clinical work can focus on any of the following services: Family Therapy Service, Women’s Center, Asian Bicultural Clinic, Latino Clinic, Geriatric Day Treatment, World Trade Center Program, Dialectical Behavioral Therapy Program, and Primary Care Collaborative Team. There is also opportunity to study and contribute to program planning within the Department in collaboration with the Department Director. Clinical work may combine psychotherapy and psychopharmacology.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care:
The resident will provide integrated, culturally-competent service to people seeking healthcare at Gouverneur, providing it with a population-based and multidisciplinary approach that emphasizes total patient wellness.

B. Medical Knowledge:
The resident will enrich his or her understanding of culturally competent service and acquire a functioning knowledge of the principles of recovery-oriented, person centered practice. This includes clear understanding of a person-centered clinical technique, with focus on assessment of a person’s stage-of-change and then on clinical engagement, using shared-decision making skills while focusing psychotherapeutically on personal strengths. The resident will also learn about specific population-based issues, better understanding how to apply evidence-based and promising practices to specific clinical populations. The creation of an academically-oriented services project is also an option.

C. Interpersonal and Communication Skills:
The resident will actively work within a team format and have opportunity to interact with a range of staff, as well as patients and their families, including those with other cultural backgrounds than the clinician.

D. Systems Based Practice:
Through work within and among clinical teams, the resident will understand how to collaborate and as a psychiatrist and develop leadership, particularly within behavioral health environments. Attention will be paid to developing clinical resource management skills, to advocacy, and to information integration within the care system.

E. **Practice-Based Learning and Improvement:**
Through longer-term treatment, the resident will be able to advance and observe the process of recovery for a range of patients. The resident will have broad clinical opportunity: ranging from being primary provider, to sharing treatment with non-psychiatric providers, to acting as consultant in a stepped model of collaborative care. There is also particular opportunity to participate in implementing emerging best practice models of integrated primary-behavioral healthcare, an area of critical importance to psychiatric practice of the future.

F. **Professionalism:**
Through interdisciplinary interaction and thoughtful and thorough clinical behavior, the resident will understand his or her role among colleagues and, with supervision, operationalize an understanding of evolving shifts in the role of the physician in contemporary culture and how that reflected in professional behavior. The resident will be responsible for punctually and reliably providing the highest quality clinical service, participating in supervision and academic activities, exhibiting appropriate interactions with service users and staff.

**Supervision:**
(Please indicate the number of hours of supervision per week.)
- Focused onsite supervision of 1 hour per week, with flexible opportunity for informal supervision. Caseload depending on area of focus. Participation in clinical conferences and local grand rounds (1 hour/wk).

**Readings:**
Method of Evaluation: (Online evaluation system: New Innovations www.new-innov.com/nyu. Discussion of Feedback with the resident, etc.)

- Evaluation will be provided through New Innovations and ongoing discussion and feedback with the resident.

Additional Note:

- Transportation: Gouverneur is one block from the East Broadway stop of the F Train. There is also an hourly shuttle between Bellevue and Gouverneur.

Prepared by: Hunter McQuistion, MD, 2/23/16
Group Therapy Training Group Elective

Faculty/Staff

Khleber Chapman Attwell M.D.
212-570-1933 office
917-940-2954 cell
Khleber.Attwell@nyumc.org
chapattwellmd@gmail.com

Address:
334 East 25th Street
New York, NY 10016

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The elective intends to prepare any fourth year resident to acquire the skills necessary to run any process group or treatment group competently and safely. By design, the group harnesses the best of the experiential components of the group didactic model. Specifically, the group fosters immediate emotional reactions within and towards each member in the service of providing intensive affect education and constructive, progressive emotional communication amongst members. The specific group of any given year will work together to establish its own unique frame, set of working agreements and member-specific goals.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- The training group meets on Thursdays from 12:50-1:50 pm from September to June.
- On average, the group meets about 40 hours/year.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
Department of Psychiatry Residency Training Program, 2016-2017

A. **Patient Care** To study the indications of the group therapies within the field of psychiatry for a wide range of clinical presentations. To differentiate the range of group tasks from process group to training group to therapy group.

B. **Medical Knowledge** Frame: to create a frame that involves the process of mutual agreement as a living template--upon which to amend and to addend--in the service of creating and maintaining myriad parallel clinical frames and situations.

   Counter-transference: to welcome counter-transference reactions and associations as invaluable clues to make sense of the clinical material at hand; to embody the art of discussing visceral counter-transferential reactions as an essential step in the metabolism of the intensity of clinical situations so ubiquitous to training.

C. **Interpersonal and Communication Skills**

   To create an interpersonal gym within, with which both to study and to strengthen one's knowledge of what he or she feels inside of one's self and towards the other person. And then, in parallel, to find the words most constructive to allow for that communication to self or other to occur. To welcome mistakes and the strong affective reactions in their wake as invaluable pairings for genuine academic progress to take root.

   Membership: to examine the nature of membership in group. How much is defined by physical presence; by taking one’s share of the talking time; by accounting for one's absences; by arriving on time; or by taking risks within the frame of the established working group agreements

D. **Systems Based Practice**

E. Boundaries: to study the multiple avenues for boundaries to be crossed and/or violated in the experience of training. To negotiate the unavoidable conflicts of dual supervision; to become closer friends with people that double as colleagues; and to share invaluable emotional reactions with fellow group members--all with the clear aim of crafting constructive interventions at any given moment. And to explore the nature of systems in the delivery of mental healthcare in today's 21st Century. Given the additional group process of our work, we can harvest the benefit of studying the interface of our work with that of the greater caregiving networks in which we work.

F. **Practice-Based Learning and Improvement** American culture/history of psychiatry:

   To frame our discussions within historical relevance of the field with the express purpose of using that knowledge to refine a sense of what gives ultimate meaning to our lived lives and those of our patients

G. **Professionalism**

   Professionalism: to create and to maintain clear focus on the establishment and maintenance of confidentiality; to welcome the myriad sides of the life-knot equilibrium called medical ethics; and to include balanced discussion of caring for the caregiver as a cornerstone of taking care of others.

**Supervision:** (Please indicate the number of hours of supervision per week.)

- 1 hour of supervision
Readings:
- Available upon request.
- See group therapy curriculum syllabus for starters.

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).
- While the elective does utilize the traditional New Innovations and does involve direct feedback in real-time to the residents, experience shows that the most useful feedback of all comes over time from the members of the group to its fellow members.

A sample set of working group agreements for the elective might look like the following:
- We agree to attend group weekly and, if unable, to account for our absence on any given week. With that in mind, we agree to check in on any member who is absent and unaccounted for.
- We agree to take our share of the talking time (over time); and if we choose to forfeit that right, we agree to get interested in that forfeit.
- We agree to handle the information that takes place in the group responsibly.
- We agree to welcome the use of body language as a vehicle for directly observable non-verbal communication.
- We agree to study the contrast between our own self-perception of an event and those of others, particularly in those moments of high emotional intensity.
- We agree to study moments of silence for whatever they may bring.
- We agree to welcome a close look at the ripple effect of emotional communication in group, in particular the impact of any given feeling on one's self or another member.
- We agree to study the me-we interface, with curiosity about the traffic between self-states of preoccupation and collective emotional states of the larger organism. In parallel, we welcome a look at the difference between states of obligation and of desire and the shift back and forth between each.
- We agree to use the experience in our group as a training lab where the imitation of each other--including of the leader--serves as a primate-based template for learning how one could be in any other or how one could run any other group.
- We agree to optimize the format of group training as a medium with which to prioritize learning from each other, in particular to help each other describe different internal moments with a descriptive lens (in lieu of a pathological one). If an enhanced sense of attachment happens to occur as a result, so be it.
- We agree to use our time together to study the nature of leadership. In particular, to weigh the impact of engaging a group process frame, of working with a commitment to a process of mutual agreement, and of the ability to contact the leader at any time between group meetings (in person or in writing) so as to minimize the extent to which any group member becomes burdened in isolation with an emotional charge from the group process.
• We agree to welcome any extent to which the creativity, fun, or unexpected moments of our work happen to mitigate the gravitational pull to burnout so endemic in our field.

*Created by: Dr. Chap Attwell, 4/8/2016*
Inpatient Geriatric Psychiatry

Faculty/Staff
- Dr. Robert McCue – Robert.mccue@nyumc.org
- Dr. Dennis Popeo – dennis.popeo@nyumc.org
- Dr. Meera Balasubramaniam – meera.balasubramaniam@nyumc.org
- Geriatric Psychiatry Fellow (from March – June every year)

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Assessing and managing psychiatric problems in elderly patients can be challenging because of the frequent co-existence of medical and/or cognitive disorders. With an aging population, it is critical that psychiatrists become familiar with these patients, whose clinical presentation and psychosocial issues may be very different than younger patients. During this elective, the resident will have the opportunity to assess and manage older patients who have been hospitalized for their psychiatric problems.

The elective will take place on Bellevue’s 12 South, where the resident will function as a junior attending (under close supervision by an attending psychiatrist) of 3-4 inpatients. The unit has 28 beds and specializes in the acute psychiatric problems of elderly patients or patients with co-occurring medical and psychiatric problems. The resident will have the opportunity to effectively incorporate psychiatric, neurological, medical and psychosocial evaluations and treatment in a time-effective manner within the inpatient setting. The resident will also have the opportunity to participate in Bellevue’s Electro-convulsive Therapy (ECT) program, when patients from 12 South are receiving that treatment.

Number of Residents on the elective at any given time: 1-2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

The optimal and minimum time for this elective is for 20 hours/week for 8 weeks/year, with four hours a day, Mondays through Fridays.
Goal: At the end of this rotation, the resident will have gained additional knowledge, skills, attitudes, and behaviors needed to competently treat and manage acutely ill elderly psychiatric inpatients with a wide range of psychiatric and comorbid medical disorders.

Objectives:

A. Patient Care

- Adapt an interview style, to communicate effectively with older adults, compensating for hearing, visual and cognitive deficits.
- Gather accurate key information from the patient, collateral sources, and other health care professionals as needed to complete the following: history, mental status exam, structured cognitive assessment, functional assessment, medical/neurological assessments, substance use assessment, assessment of direct or indirect elder abuse, capacity assessment, family and caregiver assessment, and community/home assessment.
- Develop appropriate comprehensive diagnoses, which incorporate psychiatric assessment, medical assessment / neurological assessments, cognitive testing, functional assessment, capacity evaluation, assessment of direct or indirect abuse. Plan treatment that incorporates a biopsychosocial model, and enlists a multidisciplinary approach as relevant to the illness and circumstances.
- Effectively communicate treatment plans to the patient and the family and caregiver.
- Recognize and manage psychiatric comorbid disorders, as well as manage other disturbances often seen in the elderly, such as agitation, wandering, changes in sleep patterns and aggressiveness.
- Prescribe medication for geriatric psychiatric and cognitive disorders with particular attention to the indications, side effects and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication and problems with compliance.
- Become better acquainted with the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.
- Possess a psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in the elderly that may complicate the clinical presentation and influence the doctor-patient relationship or treatment planning.
- Be familiar with the use of non-pharmacologic approaches, with particularly the applications and limitations of behavioral therapeutic strategies, including physical restraints.
- Be knowledgeable about social and community resources and support systems available to the geriatric patient.
Manage ethical and legal issues pertinent to geriatric psychiatry, including competence, guardianship; right to refuse treatment, wills, informed consent, patient abuse and the withholding of medical treatments.

Counsel and educate geriatric psychiatric patients and their families.

Work with health care professionals, including those from other disciplines such as geriatric medicine, psychology, social work, nursing, activity therapy, occupational therapy and physical therapy to provide patient-focused care.

B. Medical Knowledge – The rotation will focus on making the trainee better acquainted with

- Normal aging changes in organ systems, sensory systems, and cognition.
- Principles of pharmacology and aging with attention to:
  - Pharmacokinetics and pharmacodynamics
  - Psychotropic use in older adults
  - Side effect occurrence in older adults
  - Risks of polypharmacy, and recognition and prevention of drug interactions
- Psychopathology in late life as compared to younger populations.
- Appreciation of the various presentations of psychiatric disorders in the elderly, and the impact on functional status, morbidity and mortality, including: mood disorders, psychotic disorders, anxiety disorders, substance use disorders, cognitive disorders, personality disorders, and other illnesses.
- Risks, prevalence and presentation of cognitive disorders.
- Recognition of the interplay between general medical conditions and psychiatric illness.
- Investigation and detection of delirium in patients at risk.
- Psychopathology in late life as compared to younger populations.
- Sexuality in late-life.
- Common neurological disorders of the elderly (e.g., stroke, Parkinson’s disease).
- Common medical problems of the elderly (e.g., falls, incontinence)
- Recognition of maladaptive response to psychosocial changes
- Developmental perspective of normal aging with understanding of adaptive and maladaptive responses to psychosocial changes (e.g., retirement, widowhood, role changes, financial issues, relocation)
- Familiarity with psychological and behavioral therapeutic techniques.
- Appreciation of cultural and ethnic differences among older adults.
- Familiarity with family and caregiving issues.
- Elder abuse.
- Ethical issues in the care of older adults.
• Policy issues in the care of the elderly, including health insurance (Medicare, Medicaid) and prescription drug costs.
• End-of-life issues.
• Institutionalization and its impact.

C. Interpersonal and Communication Skills
• Create and sustain a therapeutic and ethically sound relationship with geriatric psychiatric patients and their families from a spectrum of available ethnic, racial, cultural, gender, socioeconomic, and educational backgrounds.
• Use effective listening skills and adapt communication to accommodate sensory, cognitive and functional deficits of patients and provide information appropriately, with adequate accommodations for deficits.
• Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.
• Work effectively with others as a member of a geriatric psychiatric mental health care team.

D. Practice-Based Learning and Improvement
• Locate, critically appraise, and assimilate evidence from scientific studies and literature reviews related to geriatric patients’ mental health problems to determine how quality of care can be improved in relation to practice.
• Use medical libraries and information technology, including internet-based searches and literature and drug databases (e.g. Medline) to manage information, access on-line medical information and support learning.
• Obtain and use information about the population of geriatric psychiatric patients being treated and the larger population from which these patients are drawn.

E. Professionalism
• Demonstrate respect, compassion, and integrity; a responsiveness to the needs of geriatric psychiatric patients and society that supersedes self-interest; accountability to such patients, society, and the profession; and a commitment to excellence and ongoing professional development.
• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, competence, guardianship, advance directives, wills, elder abuse, and business practices.
• Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings, and sexual orientation.
• Demonstrate responsibility for the care of geriatric psychiatric patients by responding to patient communications and other health professionals in a timely manner, using medical records for appropriate documentation of the course of illness and treatment, coordinating care with other members of the team, and providing coverage if unavailable.

F. Systems-Based Practice
• Understand how geriatric psychiatric care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect the fellow’s own practice.
• Become familiar with the diverse systems involved in the care of older patients and their families, and how to use and integrate these resources into a comprehensive psychiatric treatment plan.
• Demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services.
• Demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients within and across such settings.
• Practice cost-effective care without compromising quality of care.

Supervision: (Please indicate the number of hours of supervision per week.)
• One hour case conference a week with Dr. McCue
• Ongoing on-site supervision by attending staff at Bellevue’s 12 South.
• Participation in the biweekly Geriatric Psychiatry Journal club with Dr. Balasubramaniam and the medical students on rotation.
• Optional participation in the didactic sessions for the Geriatric Psychiatry Fellow
• Optional participation in the Geriatric medicine- Geriatric Psychiatry weekly case conference

Readings:

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

Updated: April 5, 2016, Dr. Robert McCue
Introduction to Clinical Research

Faculty/Staff
• J.P. Lindenmayer, MD  646 672 6004 Lindenmayer@NKI.rfmh.org
• A. Khan, PhD 646 672 6005 akhan@NKI.rfmh.org
• T. Abad, RN 646 672 6188 Abad@nki.rfmh.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The resident learns basic clinical research design, methodology and research statistics in the context of ongoing clinical research projects of the Psychopharmacology Research Unit-Nathan Kline Institute for Psychiatric Research at the Manhattan Psychiatric Center. The resident learns to use psychiatric rating scales (PANSS, CGI, Hamilton-Depression and Young Mania Scale), receives exposure to neuro-cognitive evaluation techniques (MCCB-MATRICS battery). There is also opportunity to learn about brain plasticity interventions based on neuro-cognitive computer based remediation of patients with chronic schizophrenia and schizoaffective disorder, which also includes social cognition interventions. There is opportunity to participate in research seminars and individual mentorship is provided. At the beginning of the elective the resident chooses a scholarly topic, which may be a review, or a clinical case report and elaborates the topic to the level for publication readiness.

The research unit conducts clinical research in three domains. (1) Testing novel antipsychotic mechanisms in patients with sub-optimally responsive schizophrenia. (2) Testing novel mechanisms for the treatment of antipsychotic side effects. (2) Testing alpha 7 nicotinic agonist in cognitive deficits of schizophrenia. (3) Examining the efficacy of computer-based neuro-cognitive and social cognitive interventions in patients with chronic schizophrenia or schizoaffective disorder.

Number of Residents on the elective at any given time: 2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable):

Minimum time is 8 weeks; preferably full time with exception of teaching day.
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care: Residents will learn the (1) methodologies used for patient screening for research; (2) the consent process and methods to protect patients’ rights; (3) how to assess capacity for consent within research protocols; and (4) how to administer in a reliable fashion psychiatric rating scales.

This goal will be achieved by introducing residents to specific inclusion/exclusion criteria of ongoing protocols on the Psychopharmacology Research Unit; by demonstration of the consent process and the evaluation of capacity for consent by research staff and by the performance of residents of these activities under supervision. Psychiatric rating scales (PANSS, Hamilton-Depression, Young Mania scale, CGI, extrapyramidal rating scales) will be demonstrated in patient interviews by research staff and will be administered by residents. Scoring will be discussed in detail with the supervising psychiatrist.

B. Medical Knowledge: Residents will get familiar with mechanisms of action of new antipsychotic drugs (glutamatergic and PDE inhibition), pro-cognitive interventions, both pharmacological and non-pharmacological. Residents will learn the application of computer based cognitive remediation as well as computer based social cognition remediation with patients.

This goal will be achieved by demonstrating to residents the specific rationale of new psychopharmacological compounds used in research protocols. They will participate in ongoing computer based neuro-cognitive remediation on both the inpatient and outpatient units.

C. Interpersonal and Communication Skills: Residents will learn to interact with research patients as well as with the interdisciplinary members of the research team.

This goal will be achieved by participating in interdisciplinary meetings with the research staff and in interactions with the treating clinicians of the research patients. They will also present their scholarly project to the research team in coherent and understandable language.
D. **Systems Based Practice:** Residents will learn how a multidisciplinary research setting fits into a complex hospital system and how communication from research staff to clinical staff functions. **This goal** will be achieved by exposing residents to the multiple layers of in- and outpatient staff and the respective communications between research staff and clinical staff.

E. **Practice-Based Learning and Improvement:** Residents will learn the (1) ethics principles used in clinical research and the principles of protection of human subjects in clinical research. They will learn the functioning of the Institutional Review Board, how to consent patients for specific protocols and how to improve their practice with this process; (2) the administration of psychiatric rating scales and through supervisor feedback improve their scoring practice. (3) attending a Journal Club to review recently published research and to evaluate research design and methodology. **This goal** will be achieved by presentations and practice of the ethics principles of clinical research, the administration of consents, the administration of rating scales together with discussion of scoring and the attendance at the weekly Journal Club.

F. **Professionalism:** Residents will learn to maintain a professional attitude in all interactions with both clinical-research staff and research patients. **This goal** will be achieved by observation by supervising psychiatrist in research meetings and in clinical interviews with potential research patients.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- Research Mentorship: 1 hour per week
- Clinical Rating scale supervision: 2 hours per week
- Statistical Introduction: 1 hour per week
- Journal Club: 1 hour per week

**Readings:** TBA

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident and evaluation of the scholarly project.)

*Reviewed and Revised: Dr. Jean-Pierre Lindenmayer, March 14, 2016*
Latino Inpatient Unit (20N)

Faculty/Staff

- Omar Fattal, MD phone (212)562-3481 omar.fattal@bellevue.nychhc.org
- R’el Rodriguez, MD phone (212) 562-4492 Rachel.Rodriguez@bellevue.nychhc.org

Description

This elective offers opportunities to evaluate and treat psychiatric patients from a diverse Hispanic background and patients who are Spanish speaking or have families who are Spanish speaking. Residents taking this elective will acquire experience in the assessment, psychopharmacology, psychotherapy, family intervention, and community service referrals for this unique population. Also, the residents will gain a greater understanding of how cultural factors influence diagnosis, doctor-patient relationship, and treatment. Residents taking this elective will be encouraged to do a case presentation that is based on the bio-psycho-social model and become familiar with the DSMIV outline for cultural formulation and apply it at least on one case.

This elective is flexible and designed to fulfill each resident’s individual needs and objectives.

Number of Residents on the elective at any given time: 1

Schedule:

This elective will be at least 1 month long to ensure continuity of care.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care: Integrate culturally-sensitive care for Hispanic patients and their families.
   - Work with a multi-disciplinary team that addresses mental illness, psychosocial stressors, and medical aspects of treatment.
   - Formulate bio-psychosocial model of diagnosis based on DSM5.
Outline appropriate treatment plans for patients including psychotropic medication, psychotherapy, crisis management, family intervention and aftercare referral.

B. **Medical Knowledge:** Provide residents with knowledge of the interaction between cultural factors and mental illness in the Latino subcultures.
- Expand knowledge of Latino culture such as immigration patterns, moral standards, values, rituals, customs, religious beliefs, and societal expectations.
- Understand psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors.
- Understand the strong role of religion and family in the life of Latino patients
- Incorporate cross-culture knowledge into the clinical practice of psychiatry.
- Explain the risks/benefits of medication to patients.
- Observe any differences in side effects profiles of medications among Latino patients.

C. **Interpersonal and Communication Skills:** Demonstrate the ability to communicate with Hispanic patients, their families, a multidisciplinary team, and staff at outpatient services.
- Display a deeper understanding of language barriers, culture barriers and stigma among Latino patients.
- Demonstrate ability to communicate in culturally competent way with Latino patients and their families including being fluent in Spanish.
- Receive collateral information from families and providers of out-patient services.
- Attend family meetings.
- Learn skills of team work and problem solving.

D. **Systems Based Practice:** Understand special mental health services for Latino patients.
- Be familiar with special resources of mental health and social services for Latino patients
- Display awareness of the limited resources for undocumented and uninsured individuals.
- Learn how to make appropriate out-patient referrals for housing, mental health treatment, and substance abuse treatment for Latino patients taking into consideration insurance and language barriers.

E. **Practice-Based Learning and Improvement:** Work closely with the medical consult service to identify health issues and co-morbid medical conditions that can be unique to this patient population or shared with non-Latino patients.
- Obtain a thorough medical history and psychotropic medication history.
- Increase awareness of common co-morbid medical illnesses

F. **Professionalism:** Prepare mental health professionals to provide services that are effective and valued by patients and families.
Demonstrate respect, compassion, integrity, and accountability in interactions with patients, their families, multidisciplinary staff and outside agencies.

Demonstrate sensitivity and responsiveness to each patient’s ethnicity, culture, religion, and disabilities.

Supervision:
Program provides mentoring and daily work supervision for each resident. Also, the resident will meet with attending MD weekly for 1 hour for formal supervision.

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

Reviewed by, R’el Rodriguez, 2/23/16
LGBT Youth and Young Adult Mental Health

Faculty/Staff
- Aron Janssen, M.D.
- 212-263-4344 (office)
- aron.janssen@nyumc.org

Description:
This elective provides general psychiatry residents with an experience working with Lesbian, Gay, Bisexual and Transgender (LGBT) youth and young adults through NYU’s Gender and Sexuality Service. Residents are given a chance to follow their own patients, with supervision by Dr. Janssen, to participate in group therapy, and to become involved in the academic and administrative life of the clinical service.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This elective will be scheduled over the entire fourth year with a minimum amount of time of approximately 3 hours per week plus 4 additional 3 hour blocks for supervised/observed evaluations and 1 hour per month of journal club.

- See one to two clinic outpatients for the course of the year, for one hour a week of therapy and medication management, with group supervision with Dr. Janssen
- Observe/participate in at least four intake interviews for the clinic over the course of the year
- Participate in biweekly group therapy for transgender youth
- Participate in monthly clinic Journal Club, and present on a paper or case presentation
- Lecture as a guest speaker once during the year to Dr. Janssen’s undergraduate class at NYU
- Present once during the year on gender/sexuality in a community setting
- Complete a basic project over the course of the year that contributes to the clinic’s research goals

Goals & Objectives by Core Competencies:
A. **Patient Care:** The resident will learn to work with patients across the LGBT spectrum and become familiar with the range of medical and psychiatric interventions tailored to this population. By the end of the elective, residents will be competent providers of LGBT care and will be able to assess all patients for sexuality and gender identity issues.

B. **Medical Knowledge:** Residents will investigate the contemporary scientific literature about LGBT mental health and demonstrate an increased fund of knowledge through presentations at journal club and in the community.

C. **Interpersonal and Communication Skills:** Residents will be part of an interdisciplinary outpatient team, in which they will learn how to interface with other service providers including endocrinologists, gynecologists, teachers, lawyers and other mental health practitioners. They will learn to advocate for their patients and their patients’ families in multiple domains.

D. **Systems Based Practice:** To successfully treat the LGBT youth population, one must learn to assess for community supports and pitfalls. Residents will learn to interface with the systems involved in the child/adolescent’s care including their family, school, online and faith community.

E. **Practice-Based Learning and Improvement:** Residents will demonstrate capacity for excellent mental care of the LGBT population throughout the lifespan and identify areas within the field that require further academic inquiry.

F. **Professionalism:** Residents will learn how to work with a minority population in a professional and ethical manner. These issues can and will be discussed in the individual supervision with Dr. Janssen as well as during our team meetings.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- One hour of supervision weekly with Dr. Janssen
- One half-hour of group supervision directly following the inpatient group therapy
- One hour of monthly journal club

**Readings:**
Formal syllabus will be tailored to the interests of the students but will include readings from researchers including but not limited to Peggy Cohen-Kettenis, Kenneth Zucker, and Egardo Menvielle.

**Method of Evaluation:** (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).
- Residents will be evaluated using New Innovations as well as provided with semi-annual in person feedback.

*Reviewed by Dr. Aron Janssen, 3/16/16 (no changes)*
Medical Consults to Psychiatric Inpatients

Faculty/Staff

- Andrea Kondracke, MD
- Phone: 212-562-3450
  Email: Andrea.Kondracke@nyumc.org

Description: Residents will gain exposure to the complex process of delivering medical care to psychiatric inpatients, in both civilian and forensic settings. Elective will explore the ways in which chronic mental illness contribute to the development and progression of disease, as well as preclude patients from receiving adequate treatment. In addition, Residents will learn to conduct medical interviews & review the skills of physical examination. There will be discussion of the diagnosis and treatment of both common and rare medical conditions, with specific attention paid to medical conditions common in the psychiatric setting. Lastly, residents will learn how to deliver medical care to psychiatric patients, particularly in cases where active psychiatric illness may act as a barrier to treatment.

Number of Residents on the elective at any given time: 2 each are able to spend 4 hours/weekly.

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- Resident should anticipate a minimum requirement of 4 hours/week
- Elective availability based on interest

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care: Lastly, residents will learn how to deliver medical care to psychiatric patients, particularly in cases where active psychiatric illness may act as a barrier to treatment.

B. Medical Knowledge: Elective will explore the ways in which chronic mental illness contribute to the development and progression of disease, as well as preclude patients from receiving adequate treatment. In addition, Residents will learn to conduct medical interviews & review the skills of physical examination. There will be discussion of the diagnosis and treatment of both common and rare
medical conditions, with specific attention paid to medical conditions common in the psychiatric setting.

C. Interpersonal and Communication Skills: Residents will hone their interpersonal and communication skills through the use of one-on-one attending supervision.

D. Systems Based Practice: Residents will be expected to work on the medical consult service of Bellevue Hospital, be able to advocate for their patients in a complex system, and integrate care with a patient’s individual medical and psychiatric treatment.

E. Practice Based Learning & Improvement: Residents will learn to provide medical care to psychiatric patients on the inpatient setting through the various consults that arise. Opportunities to attend regular CL programming will also be available.

F. Professionalism: A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a way that fosters the alliance between the co-therapists and the patient.

**Supervision:** based on interest 4-8 hours

**Readings:** Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision.

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

*Revised by, Andrea Kondracke 3/24/16*
Medical Student Education/Undergraduate Medical Education (UME)

Faculty/Staff
- Molly Poag, M.D., Director of Medical Student Education in Psychiatry
- Phone: 646-754-4836
- Email: Molly.Poag@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- **Year Long Co-Leader of Senior Resident Medical Student Seminar (Food for Thought Group):**

This group is called Senior Resident Seminar (Food For Thought) and the purpose is to help medical students during their clerkship reflect on their experiences and emotions about patients. Ultimately, through this reflection, we hope to begin to help them develop a sense of their own professional identity. Senior residents co-lead a group of 10-11 clerks and help them to discover that how we feel about our patients and how our patients feel about us is important to being a "good" doctor no matter the specialty. The group has received really positive reviews from the students and from NYU SOM. The senior residents (4) have weekly supervision as a group with Dr. Joanna Bures and the seminars themselves are on Thursdays from 4-5PM on Bellevue 20N11 in weeks 1-5 of each psychiatry clerkship throughout the year.

**Number of Residents on the elective at any given time: 4; each are able to spend 2 hours/week.**

**Schedule:** Thursdays from 4-5PM on Bellevue 20N11 in weeks 1-5 of the psychiatry clerkships.

**Supervision:** Weekly as a group, in weeks 1-5, with Dr. Joanna Bures. Day/time TBD with your group.

- **3 Month Elective:** This elective in medical student teaching in psychiatry can range from 2-4 hours per week. The resident may choose to work with the Director or Assistant Director of Medical Student Education in a number of areas within the program including: giving or developing lectures and case-based seminars, examination and assessment of medical students including SIM Center exercise, developing question writing skills, and leading case conferences and journal clubs (especially on attending only services). Other specific teaching interests of the resident can also be the focus of this elective (Ex. developing a medical student selective with a specific faculty member).
• **3-12 months elective:** This elective in medical student teaching in psychiatry should be for approximately 3 or more hours per week, depending on the project proposed. The goal of this elective is for the resident to become more deeply involved in the development and implementation of new curricular activities and tools, as part of the new undergraduate medical education curriculum at NYU (C21 – Curriculum for the 21st Century). This elective is intended for residents who are considering a career focus that includes medical education in psychiatry. The resident will work with the Director and Assistant Director to develop new learning modules, and may work with the DEI (Department of Educational Informatics) and IIME (Institute of Innovations in Medical Education) where appropriate, attend curriculum planning meetings at both the Departmental and School levels, and is encouraged to write and/or present on the supervised work they have done. The resident will also be a member of the undergraduate education steering committee, and assist with administrative decisions within the program.

**Schedule:** 3hrs. or >/week, 8 week **minimum** to make these electives viable.

**Supervision:** 1 hr./week, or qo week, depending on the length and scope of elective chosen.

**Goals** (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies:**

A. **Patient Care**

**Goal:**
- Residents will teach medical students clinical skills needed to deliver compassionate patient care to patients with psychiatric disorders

**Objectives:**
- Residents will use clinical case-based vignettes
- Residents may serve as discussants at clinical case conferences for students

B. **Medical Knowledge**

**Goal:**
- Residents will identify and teach medical students essential knowledge needed to diagnose and treat patients with psychiatric illness

**Objectives:** Residents will/may:
- teach lectures and seminars
- write examination questions
- lead journal clubs aimed at the UME level
- learn to grade essay examinations and write-ups

C. Interpersonal and Communication Skills

Goal:
- Residents will learn to be an effective lecturer/seminar leader

Objectives:
- Residents may participate in the PGY 2 Class on Medical Student Teaching
- Residents will improve their teaching skills

D. Systems Based Practice

Goal:
- Residents will gain experience working with departmental administration and the School of Medicine faculty

Objectives:
- Residents will work in collaboration with the residency training office, the Program Coordinator for Medical Student Education, the Dean’s Office, and may work with the DEI and IIME, and other hospital departments. Residents will have the opportunity to attend School of Medicine meetings and faculty development classes where appropriate

E. Practice-Based Learning and Improvement

Goal:
- Through teaching and/or curricular development, residents will enhance their own learning and practice

Objectives:
- Residents will review literature as part of their teaching preparation, question writing, and new curriculum development. Residents may also review literature, texts, and other educational sources when preparing a paper or presentation on their work in medical education
F. **Professionalism**  
**Goal:**  
- Residents will learn how to evaluate domains of professionalism in medical students  
**Objectives:**  
- Residents will assess areas including: communication, cooperation, honesty, reliability, independence, and use of feedback

**Readings:**

- Academic Psychiatry: selected articles  
- Other: to be determined by scope of elective chosen  

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion/feedback with the resident, evaluation by students)

*Reviewed by Dr. Victoria Dinsell and Dr. Molly Poag, 3/29/16*
Micronutrient Therapy for Psychiatric Patients: An Introduction to Complementary and Alternative Medicine in the Clinic Setting

Faculty/Staff:
- Barbara Bartlik, M.D. (212-961-8700, 917-570-4017) barbara.bartlik@omh.ny.gov

Description:
This elective will introduce residents to the scientific principles behind the use of micronutrients, in conjunction with traditional psychopharmacologic approaches, for the treatment of psychiatric illness. There is mounting evidence that micronutrient therapy improves neuropsychiatric function. Although psycho-pharmaceuticals are helpful in treating severe and persistent mental illness, they are not fully effective in all patients, and they are associated with significant side effects.

Micronutrient levels are affected by medications. For example, lamotrigine and valproic acid are known to diminish levels of B vitamins. Theoretically, this may account for some of the side effects produced by these medications and interfere with efficacy. Supplementation with B vitamins may counteract these side effects and improve therapeutic effects. B vitamins are necessary co-factors in neurotransmitter production, as are vitamin D, vitamin E, magnesium, and zinc. Studies have shown micronutrients to ameliorate Tardive’s dyskinesia. Magnesium wasting occurs with many medications and can leave patients with a wide range of unpleasant symptoms, including lethargy, headache, hypertension, palpitations, seizures, constipation, anxiety, and insomnia.

N-acetylcysteine, which has been effective in a number of our patients, has been reported to be beneficial for trichotillomania, OCD, negative symptoms of schizophrenia, and depression. We also use high-quality methylated B vitamins, which bypass polymorphisms that are common in patients with mental illness. Inositol is a B vitamin synthesized by the gut bacteria, which when diminished causes anxiety, agitation and insomnia. It can be used as a calming agent or sleep aid.

Residents also will become familiar with side effects that can develop when a patient on psychiatric medication starts micronutrient therapy. New side effects may emerge, because, with the addition of co-factors to neurotransmitter production, the psychiatric medication works more efficiently, and, frequently, the dose must be reduced. Residents will learn when and how to supplement with thyroid hormone, magnesium, vitamin D, and omega 3 fatty acids.

The rotation will be held at the 125th Street Clinic of Manhattan Psychiatric Center on Seventh Avenue and 125th Street. Patients are treated with micronutrients, in conjunction with standard psychiatric medications. Levels of magnesium in both serum and erythrocytes are measured, as well as 25 hydroxy vitamin D, homocysteine, zinc, copper, and genetic tests relevant to mental health.
A significant number of our patients have low magnesium levels. It is well documented that low magnesium exacerbates diabetes, insulin resistance and metabolic syndrome, which are common side effects of atypical antipsychotics. One of our patients with insulin-dependent diabetes and low erythrocyte magnesium levels was given magnesium supplementation. He ceased having spikes in his glucose levels and no longer needed extra doses of insulin. His magnesium levels normalized and his auditory hallucinations improved. He started buying sweets at the store when he was an inpatient, then his magnesium levels fell, and his hallucinations returned. He now is stable and an outpatient in our clinic. We hope to publish this observation as a case report and would welcome a resident’s input.

We also check hormone levels (thyroid, estrogen, testosterone, DHEA, etc.), and augment treatment with hormones when thought to be beneficial. In general, patients today are interested in using hormones, vitamins, minerals, amino acids, herbs, probiotics, and other supplements to improve their general and mental health, and they often ask their doctors questions about their use. Residents who take this elective will learn a new approach to treating mental illness and will be better equipped to help their patients. Dr. Bartlik will make her personal archives of lectures and readings on the use of complementary and alternative medicine in psychiatry available to trainees who elect to take this rotation.

**Number of Residents on the elective at any given time:** 2

**Schedule:** Flexible, to be determined on an individual basis

**Goals** (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by

**Core Competencies:**

**A. Patient Care:**

- Function as part of a treatment team in the care of patients receiving micronutrient therapy.
- Identify candidates for micronutrient therapy, obtain baseline blood levels, initiate treatment, monitor and observe for response and emergence of side effects.
- Learn how to measure and interpret levels of vitamin D, magnesium, folate, B12, B6, zinc, thyroid hormone, homocysteine, gluten panels, and more.
- Become aware of the effects of methylation defects, and how they affect mean corpuscular volume (MCV), and levels of folate, vitamin B12, and homocysteine.

**B. Medical Knowledge:**

- Understand the mechanisms underlying the role that micronutrients play in neuropsychiatric function.
- Understand medical co-morbidities associated with micronutrient deficiency.
- Learn how to use micronutrients currently available to MPC patients to address micronutrient deficiencies.
- Understand micronutrient therapy well enough to have a meaningful discussion with psychiatric patients now and in the future.
Department of Psychiatry Residency Training Program, 2016-2017

- Participate in academic endeavors. For instance, in May 2014 Dr. Bartlik gave a presentation at the APA on the use of magnesium in the treatment of psychiatric disorders, and published an article on the same subject. Her students who did rotations at MPC were co-authors on both.
- Identify common medications that deplete micronutrients. Including, metformin, contraceptives, lamotrigine, hydrochlorothiazide, valproate, aminoglycosides, proton pump inhibitors, cholesterol lowering medications, gout medications, and more.

C. Interpersonal and Communication Skills:
- Communicate with clinical team members factors that affect the implementation of micronutrient therapy
- Educate patients on the benefits of micronutrient therapy. Many patients initially refuse because they do not like taking so many pills, or they do not understand potential benefits, or the risks to their health of micronutrient deficiency.
- Familiarize residents with shared decision-making as a collaborative effort to discuss treatment options with patients, emphasizing patient autonomy and informed consent.

D. Systems Based Practice:
- Develop practical knowledge on interactions among providers involved in the prescription, dispensing, administration of micronutrients and monitoring of laboratory tests.
- Identify other micronutrients that may be available to MPC patients that we have not yet accessed, and assist with gaining approval for their use in individual patients.

E. Practice-Based Learning and Improvement:
- Identify factors leading to micronutrient deficiency, such as diabetes, anemia, pregnancy, liver disease, increasing age, digestive problems, medications, soda, coffee, sugar, gluten, alcohol, smoking, and drugs of abuse.

F. Professionalism:
- Residents will become competent in prescribing certain micronutrients in a clinic setting.
- Residents will become familiar with the scientific principles behind using micronutrients to improve mental health.

Supervision: (Please indicate the number of hours of supervision per week.)
- On demand but minimum of 1:1 supervision 1 hour per week.

Readings:
- **Puchacz, E, et. al.:** Vitamin D increases expression of the tyrosine hydroxylase gene in adrenal medullary cells. Mol. Brain Res. 1996. 36, 193-196
- **Wilkins CH, et. al.:** Vitamin D deficiency is associated with low mood and worse cognitive performance in older adults. Am J Geriatric Psychiatry. 2006; 14(12): 1032-40
- **Atmaca M, et. al.:** Folate and homocysteine levels in patients with obsessive-compulsive disorder. Psychiatry and Clinical Neurosciences; 2005:59(5); 616-620

**Method of Evaluation:** (Online evaluation system: *New Innovations*)
- Journal article or a case-based presentation of a patient on micronutrient supplementation.
- Discussion and feedback with the resident.

*Reviewed and Revised by, Barbara Bartlik, MD, March 21, 2016*
The Steven A. Cohen Military Family Clinic Elective

Faculty/Staff:
J. David Stiffler, MD  Irina Komarowskaya, PhD  Amanda Spray, PhD
J.David.Stiffler@nyumc.org  Irina.Komarowskaya@nyumc.org  Amanda.Spray@nyumc.org
Phone: 646-754-4742  Phone: 646-754-4743  Phone: 646-754-4822

Description: The Steven and Alexandra Cohen Military Family Clinic provides pro bono mental health care to active duty and veteran service members (regardless of their discharge status), as well as their families. The clinic is physically located in the Department of Psychiatry at NYU Langone, at One Park Ave., 8th Floor. The clinic is staffed by 16 licensed clinicians including three psychiatrists, seven psychologists, and three licensed social workers, who work collaboratively to treat over 300 patients per year.

The PGY-4 elective at the Cohen Military Family Clinic is a year-long training opportunity with a focus in working with veteran/active duty families through psychiatric consultation, medication management, individual therapy, group therapy, and couples therapy as part of a multi-disciplinary team. The resident will have the opportunity to provide individual psychotherapy to veterans/active duty members and their family members for treatment of a variety of concerns including but not limited to trauma and posttraumatic stress (combat and noncombat related) and dual diagnosis (substance use disorders and comorbid psychopathology). These cases will be supervised using an integrative model based on both cognitive-behavioral and psychodynamic theory, with specific training in prolonged exposure, cognitive processing therapy, STAIR, and emotionally focused therapy available. The clinic provides time-limited treatment, between four to six months in duration, with some flexibility for longer term cases as clinically indicated. Cases will be assigned based on the training interests of the resident and the needs of the clinic and residents can elect to focus on a variety of common difficulties that our patients present with (e.g., complex trauma, TBI, substance use disorders, etc.). The caseload will be approximately 2-3 individual, and if desired couples, cases. During times of increased availability residents will be required to attend weekly disposition team meetings to discuss case assignments and ongoing patients in order to experience working within an integrated team.

Additional opportunities include co-leading psychotherapy groups (e.g., harm-reduction based group for patients with addiction, adult ADHD group, SMART recovery). The resident will be invited to attend weekly case presentations, couples therapy group supervision, training didactic seminar, and journal clubs. This experience is limited to two residents per year.

Number of Residents on the elective at any given time: 3

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.
• This elective will be part time, 20 hours per week for 4 months. The remainder of the year a 2-3 hr per week time commitment is required.
• Elective will be a full year- July thru June
• Elective will be offered at a mutually agreed upon time by the residents and supervisors.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

G. Patient Care: The resident will have the opportunity to enhance their general interview skills through thorough intake assessments, provide individual psychotherapy to veterans/active duty members and their family members for treatment of a variety of concerns including but not limited to:
   • Trauma and posttraumatic stress (combat and noncombat related)
   • Dual diagnosis (substance use disorders and comorbid psychopathology)
   Cases will be supervised using an integrative model based:
   • Both cognitive-behavioral and psychodynamic theory, with specific training in prolonged exposure, cognitive processing therapy, STAIR, and emotionally focused couple therapy available.

H. Medical Knowledge: Residents will acquire a deeper understanding of psychotherapies particularly those to treat trauma related disorders and substance use disorders and will learn how to integrate these practices into a more traditional psychiatric practice.

I. Interpersonal and Communication Skills: Residents will enhance their therapeutic and communication skills through the use of supervision, often using audio and video recordings of sessions.

J. Systems Based Practice: Residents will work within a multidisciplinary team of psychiatrists, psychologists, and social workers, along with other trainees from all three disciplines.

K. Practice Based Learning & Improvement: Residents will learn to provide therapy to veterans and their family members with the benefit of case conference, group supervision, and individual supervision.

L. Professionalism: A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a manner that fosters the alliance between the co-therapists and the patient.

Supervision: (Please indicate the number of hours of supervision per week):
• 1 hour/week

Readings: Individualized readings on theoretical conceptualization and intervention strategies will be assigned as deemed appropriate to the presenting issues of the patients under supervision.

Method of Evaluation: (online evaluation system: New Innovations www.new-innov.com/nyu; discussion of feedback with the resident, etc.)

• I will provide regular feedback in discussion with the resident. Also I will submit a final New Innovations evaluation based on observation of clinical interactions and on supervisory discussions.

Created: April 25, 2016, Dr. Amanda Spray
Mobile Crisis Unit, Comprehensive Psychiatric Emergency Service (CPEP)

Faculty/Staff
- Amit Rajparia, MD, CPEP Director, (212) 562-6427  amit.rajparia@nyumc.org
- Rebecca Lewis, MD, Team Psychiatrist and Rotation Supervisor  rebecca.lewis@nyumc.org
- Nicholas Smith, LCSW, CPEP Social Work Supervisor Nicholas.Smith@bellevue.nychhc.org
- Jessie Emmanuel, RN  Jessie.Emmanuel@bellevue.nychhc.org
- Salley May, LCSW  Salley.May@bellevue.nychhc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Mobile Crisis Unit offers a unique opportunity to evaluate psychiatric patients in their homes. This patient population includes the acutely psychotic, depressed/suicidal and dangerous patient, as well as chronic schizophrenic patients, agoraphobics, conduct-disordered teenagers, perpetrators and victims of both domestic violence and neglect, and the demented elderly. Residents will participate in patient assessment, collaboration with the New York Police Department and Emergency Service units, and in removal of those patients requiring hospitalization.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

The Mobile Crisis elective is open to PGY1/2 and PGY4 residents.

PGY-1/2 resident schedules are full-time (Mon-Fri, 9am-5pm) for two-weeks.

PGY4 resident schedules are flexible and based on the residents’ goals and the current needs of the team. At a minimum, PGY4 residents participating in the MCU Clinical Rotation should be able to commit 4 hours/week for 1 month. Alternatively, residents can be based with Mobile Crisis for a full time (8 hrs/day) rotation for a 1 week minimum, though 2 weeks is preferable.
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care. The resident will demonstrate skills necessary to:
   a. Interview patients, perform mental status examinations, and assess risk in non-traditional clinical settings
   b. They will gain an understanding of assessing a patient’s living environment as part of a comprehensive assessment

B. Medical Knowledge. The resident will demonstrate knowledge of:
   a. The pathophysiology, epidemiology, diagnostic criteria, and clinical course for psychiatric disorders including psychotic, mood, substance abuse, and personality disorders
   b. General concepts in the phenomenology, demographics, and psychiatric care of MCU patients

C. Interpersonal and Communication Skills. The resident will learn to:
   a. Assess patients in their home setting, at times unannounced in a safe and ethical manner
   b. Work effectively with other members of the multidisciplinary mobile crisis team
   c. Make effective follow-up contact with the patient’s providers and family members

D. Systems Based Practice. The resident will:
   a. Understand the function of the mobile crisis unit in supporting community functioning of patients, supporting compliance with ongoing treatment, and facilitating emergency evaluation for patients requiring such
   b. Understand NYS MHL article 9.58 as utilized by mobile crisis units
   c. Advocate for quality patient care with other providers

E. Practice-Based Learning and Improvement. The resident will be able to:
   a. Engage in live feedback with MCU team members about the multi-faceted aspects of MCU patient evaluation
   b. Engage in techniques used by the community psychiatrist that foster life-long learning

F. Professionalism. The resident will learn to:
   a. Demonstrate respect, compassion, integrity, and accountability in interactions with patients, site staff, and other providers
b. Demonstrate sensitivity and responsiveness to each patient’s age, gender, ethnicity, culture, sexual orientation, religion, and disabilities

**Supervision:** (Please indicate the number of hours of supervision per week.)

Residents are asked to present cases to Dr. Lewis or a CPEP attending and their documentation is reviewed. When able they will participate in MCU weekly rounds on Mondays at 2PM. They will always evaluate the patient with another member of the MCU team. Residents can access face-to-face supervision with Dr. Lewis or another CPEP attending at any point during the rotation.

**Readings:**

- **Innovative use of crisis intervention services with psychiatry emergency room patients**
  *Simakhodskaya, Zoya; Haddad, Fadi; Quintero, Melanie; Malavade, Kishor*
  2009;16(9):60-65, Primary Psychiatry

**Method of Evaluation:**

- Residents are evaluated at the end of their rotation with direct feedback from supervisor and other team members.

*Reviewed & Revised: Dr. Rebecca Lewis, 3/15/16*
NYU Student Health Center - Counseling and Wellness Services ("Washington Square")

Faculty/Staff

- Brunhild Kring, M.D., 212 998-4786, brunhild.kring@nyu.edu

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The NYU Counseling and Wellness Service (CWS) is the mental health clinic serving the student body of New York University, located at 726 Broadway, # 471, New York, New York 10003.

PGY 4 residents spend 4 hours/week for 1 semester or up to 12 months on our service. The goals for PGY4s are a reinforcement of the skills acquired in the previous year and include treatment of specific diagnostic subgroups or psychopharmacological consultations for patients treated in psychotherapy by other clinicians. PGY 4s are encouraged to embark on a senior scholarly project for which we can provide mentorship. Examples for scholarly projects which can be accomplished during a brief elective include case reports, book reviews or narrative medicine projects.

Number of Residents on the elective at any given time: 1-2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Preferably, PGY4 residents work one day/week (Mondays – Thursdays) from 4 – 8 PM. This time corresponds best with student preference and office availability. It is most meaningful to schedule this elective during the busy times of the academic year, either in the fall semester (September – December) or spring semester (February – May).

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Goals and Objectives

Patient Care:
Perform a comprehensive initial psychiatric intake interview
Understand young adults in college within a developmental and bio-psychosocial frame of reference
Appreciate the interaction between personality, temperament, culture, clinical symptoms and the patient’s functioning
Formulate treatment plans within a short-term treatment model
Become familiar with brief psychotherapy techniques, cognitive-behavioral treatment approaches and crisis intervention
Integrate pharmacological treatment with psychotherapy modalities

Medical Knowledge:

Build on previously learned DSM-5 diagnostic categories of the major psychiatric syndromes and apply to a population of young adults
Differentiate between developmental issues and psychopathology
Complete assigned reading of selected chapters from a textbook on college mental health and peer reviewed papers from the professional literature
Be familiar with the high prevalence of substance abuse disorders as co-morbid conditions in college students and be able to recognize substance induced clinical symptoms
Understand the complex etiology and differential diagnosis of academic performance problems
Perform office screening tests for students with attention deficit complaints
Know the NYU policy regarding the treatment of students with stimulants

Interpersonal and Communication Skills:

Establish rapport with young adults from diverse cultural backgrounds
Educate patients about their conditions and explain the indications for short-term vs. long-term treatment or cognitive-behavioral treatment
Be aware of the confidentiality policies as outlined in HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act)
Communicate with the student’s parents, if needed, while maintaining confidentiality laws and appropriate treatment boundaries.

Systems Based Practice:

Be aware of the different services within the Student Health Center beyond mental health such as primary care, urgent care, women’s health, specialty services
Master the electronic health record (“PNC”) and make appropriate referrals within the organization
Understand the concept of the Wellness Exchange and NYU’s crisis response services and educate the students about these services
• Participate in depression screening and treatment outcome measurements by utilizing the PHQ 9 (Patient Health Questionnaire 9)

Practice Based Learning:

• Improve clinical skills by case discussion in supervision with a psychiatric attending
• Integrate supervisory feedback and suggestions into the management of cases
• Utilize various electronic databases to search for literature relevant to college mental health
• Seek consultations from CWS staff concerning complex cases with eating disorders, substance abuse, trauma, and LGBT issues

Professionalism:

• Demonstrate respect for patients and staff, regardless of cultural background
• Have a collaborative attitude towards other professional staff within the Student Health Center
• Conduct yourself in a professional manner and show reliable, responsible and punctual behavior

Method of Evaluation:

• Weekly individual supervision by psychiatric attendings with constructive feedback and suggestions for clinical management
• Review of all chart notes and countersignature by the attending psychiatrist
• Verbal feedback by mid-rotation by the attending supervisor
• Written performance evaluation at the end of the rotation as stipulated by the Office for Residency Training at New York Medical Center

Supervision: (Please indicate the number of hours of supervision per week.)

• One hour supervision/week

Readings:

• Iarovici, Doris (2014). Mental Health Issues & the University Student, Baltimore: Johns Hopkins University Press

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

Reviewed: As of February 2016, Dr. Brunhild Kring
NYVA Opiate Treatment Program

Faculty/Staff
Brian F Sands MD
  • Brian.Sands2@va.gov
Grace Hennessy MD
  • Grace.Hennessey@va.gov
Jim Dhrymes MD
  • Phoebus.Dhrymes@va.gov

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This elective is an opportunity for the Resident to gain a thorough understanding of substance dependence disorders and pharmacology-based treatment. The clinic is located at the Manhattan campus of VHA NY Harbor Healthcare. Our approach to the treatment of addiction is patient-focused, with a primary goal of full recovery which includes abstinence. This is informed by a realization that harm reduction is often a necessary initial step and that time spent in treatment is a predictor of treatment success. We also believe that recovery (as defined by patient and treatment team) will likely consist of a succession of many small steps. Ultimately, all patients are able to (and must) make some movement towards recovery of those aspect of their life lost to addiction. Our treatment community milieu has a ZERO tolerance for abusive anti-social behaviors and we maintain a safe environment.

The Goal of the Elective is to expand the resident's knowledge and experience in treating opiate and other drug dependence and, in particular, the role of Medication Assisted Treatment (MAT). As a vital part of this, residents will learn the pharmacology, use and history of methadone and buprenorphine in the treatment of opiate addiction. Residents will learn about the genetic and environmental antecedents of drug and alcohol dependence, stages of change and drug and alcohol dependence across the lifespan. We will review all currently validated pharmacotherapies for substance related disorders. Based on level of interest, the resident can learn about overall behavioral pharmacology of addictive drugs, prevention and the role of public policy. The resident will have the opportunity to manage co-morbid psychiatric and medical disorders.
The supervised clinical work will include diagnosis and ongoing treatment of addictive and psychiatric disorders that are present on admission or emerge after stabilization. The resident will develop skills to manage the multiple family, social, legal, employment and medical problems associated with addiction. There is also a potential for the development of research projects.

Other tasks: Intake Assessment of new patients, management of initial problems bringing the patient into treatment, assessing and choosing methadone or buprenorphine to stabilize a new patient, evaluation of adverse effects and adjustments of medication, and addressing other drug dependence, including tobacco. Carry a caseload of patients (4-5) with psychiatric and addictive disorders.

Learn alternative therapies that move patients to rehabilitation.

Elective would include individual supervision, didactic lectures on addiction, review and discussion of journal articles.

Designated supervisor: Brian Sands MD. Backup supervisors include Grace Hennessy MD and Jim Dhrymes MD. Onsite clinic management supervisors Nona S Lynch, CSW (with years of management experience and teaching skills)

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Two days per week for 3 months. Flexibility of schedule is an advantage if the resident intends to evaluate patients daily during methadone and buprenorphine induction.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies: See above

A. **Patient Care** - Manage treatment of opioid dependence, co-morbid medical, psychiatric and associated social/legal problems.

B. **Medical Knowledge** - Learn intake substance abuse assessment, determination of medication choice, management of induction, stabilization, taper, evaluation of adverse effects.

C. **Interpersonal and Communication Skills** - Our clinic is an extended family for patients and staff, and is a relaxed place to learn. Our nursing, pharmacy and counseling staff are enthusiastic to help train physicians in the treatment of opiate, alcohol, tobacco and other drug dependence.
However a special skills-set is required to effectively learn to assess veracity of patient complaints, engage in treatment, establish trust and a working relationship. Staff are expert on site supervisors to help the resident learn different approaches.

D. **Systems Based Practice** - The resident will be expected to work in the Clinic as part of the VA Hospital System, be able to advocate for patients at the clinic, integrate care with medical care at the hospital and understand methods of safe management of addictive disorders.

E. **Practice-Based Learning and Improvement.** The Resident will be the primary care physician for a caseload of patients with medical, addictive and psychiatric disorders.
   - Clinic Demographics
   - Current Census is 150
   - Illicit opiate use ranges 5-10% monthly; cocaine use 7-12%, Alcohol, benzodiazepine, THC about 6%
   - 35% African American
   - 35% Latino
   - 30% Caucasian
   - 40% are in treatment for the full range of primary psychiatric disorders, including schizophrenia, bipolar and affective disorders.
   - Medical disorders requiring attention include hypertension, diabetes and an increasing incidence of cancers.

F. **Professionalism:** The resident will learn to relate to addicts without the associated stigma or negative counter-transference, how to set limits without being punitive

**Supervision:**
- 4 hours of direct supervision with patients present at times.
- Supervision will be flexible and dynamic based on workload and crisis level at the clinic, with the resident participating in every decision for patient care. The resident will learn to work independently as the period of the elective continues.
- Daily onsite supervision with patient.

**Readings:** Scientific articles, Substance Abuse textbooks, Attendance at Bellevue Grand Rounds.

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).
- Onsite supervision and immediate feedback.

**Reviewed:** Dr. Brian Sands, 3/16/2016
Primary Care Consultation Elective (Design Your Own Elective)

Faculty/Staff:  
Joseph Lux, MD  
Joseph.Lux@nyumc.org  
212-562-2283

Description:  
The objective of this elective is to obtain experience providing psychiatric consults to medical patients in the primary care setting. Each participant will be expected to see a broad range of patients in the Bellevue primary care clinic under the supervision of Dr. Joe Lux.

Schedule: The elective is expected to run one morning per week for two months.

Learning objectives:

A. Patient care:  
a. Learn how to provide consultative psychiatric assessment and treatment recommendations for ambulatory medical patients

B. Medical knowledge:  
a. Expand consult-liaison knowledge, especially for drug-drug interactions and medical comorbidities commonly encountered in the ambulatory setting

C. Interpersonal and communication skills:  
a. To effectively communicate with patients and PCPs during brief outpatient visits

D. Systems based practice:  
a. Learn to function as a mental health consultant embedded in an outpatient medical system of care

E. Practice based learning:  
a. To analyze appropriate evidence and literature that supports clinical management
F. Professionalism:
   a. To effectively manage primary care cases in the primary healthcare milieu

Number of Residents on the elective at any given time: 1

Supervision: 2-3hrs/week

Readings: TBD

Method of evaluation:
   • Direct discussion with resident
   • New Innovations

Reviewed: Dr. Joseph Lux and Dr. Benjamin Everett, 2/23/16
Program for Survivors of Torture

Faculty/Staff
- Asher Aladjem, MD; 212 562-2527; asher.aladjem@nyumc.org
- Kristina M. Jones; 212-562-8716; Kristina.jones@nyumc.org
- Melba J. Sullivan, Ph.D.; 212-562-8729; melba.sullivan@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Program for Survivors of Torture elective is an opportunity for residents to have in-depth exposure to an interdisciplinary model of refugee health, with opportunities for participating in initial intake process; providing psychopharmacologic evaluations and treatment; as well as provision of ongoing group or individual therapy with both cross-cultural and trauma themes. All activities will be accompanied by supervision and guidance. Residents interested in forensics may also participate in the creation of affidavits and serve as expert testimony during the political asylum process.

Number of Residents on the elective at any given time: 1-2, LGBT (Dr. Sullivan); 1 Tibetan Group (Dr. Aladjem), 1 Francophone group for French-Speaking resident (Dr. Hawthorne Smith)

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

One year elective: 2+ hours/week of long term treatment of patient(s)—this may involve psychopharmacologic management +/- therapy as appropriate and/or group therapy depending on the resident’s interest.

4 month elective: minimum 10 hours/week to participate in intakes, intake conferences and Monday night clinic. Other program development and research opportunities may be available.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
A. **Patient Care:** The resident will provide integrated, culturally-sensitive care to patients. This involves working with interpreters and a multi-disciplinary team that addresses social, legal and medical aspects of treatment, alongside patient mental health needs.

B. **Medical Knowledge:** The resident will demonstrate medical knowledge of diverse presentations of trauma and multiple medical and non-medical treatment strategies. The resident will also explain diagnosis and treatment when working with patients from many different cultures.

C. **Interpersonal and Communication Skills:** The resident will work with a patient-centered multidisciplinary team that emphasizes respectful communication, making appropriate referrals for additional medical, legal, educational or social needs and consulting on psychiatric aspects of presentation when useful. The resident will also build skills at interfacing with the court and immigration systems, including lawyers, judges, providing reports and affidavits.

D. **Systems Based Practice:** The resident will participate in a multidisciplinary clinic that operates within the larger hospital system and within the larger immigration court system. S/he will learn to make appropriate referrals into the larger hospital center and network of immigrant advocacy organizations.

E. **Practice-Based Learning and Improvement:** The resident will be the primary provider of mental health care for his or her/identified patients, beginning with intake, continuing through treatment and granting of asylum. The resident will have opportunities to follow their patients’ health through multiple stressors and interventions and demonstrate how to be an advocate as well as service provider.

F. **Professionalism:** The resident will be provide timely, thorough and thoughtful service provision, participate in supervision and academic activities, and show respectful and appropriate interactions with clients and staff.

**Supervision:** (Please indicate the number of hours of supervision per week.)

- Completion of relevant PSOT Orientation modules
- 1 hour per week per individual or group treatment.
- On-site supervision during Monday night clinic.
- Participation in multidisciplinary intake conferences (1.5 hours/wk)
Readings:
- Comprehensive trauma, cross-cultural and refugee health readings are tailored to the residents' interests.

Method of Evaluation: (Online evaluation system: New Innovations, Discussion of Feedback with the resident, etc.)
- An important part of the evaluation are the resident’s interaction with clients, specifically compassionate care and timely charting, as well as his or her ability to work effectively within an interdisciplinary team.
- Evaluation occurs through weekly direct observation and supervisory feedback. A written evaluation will be provided through New Innovations www.new-innov.com/nyu.

Reviewed and Revised: Dr. Melba Sullivan, 3/2016
Project for Psychiatric Outreach to the Homeless (PPOH)
Clinical Rotation in Homeless Psychiatry

Faculty/Staff:
   Joanna Fried, MD, Associate Medical Director for Education, Janian Medical Care
   Medical Director, Manhattan Outreach Consortium

   Janian Medical Care/Project for Psychiatric Outreach to the Homeless
   198 East 121st Street
   New York, NY 10035
   Office: 212.803.2714
   Mobile: 917.575.9057
   Fax: 646.335.0662

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The PPOH Clinical Rotation in Homeless Psychiatry offers New York State-licensed 3rd and 4th year residents in psychiatry exposure to community-based psychiatry focused specifically on treating homeless and formerly-homeless individuals. Our residents work collaboratively with PPOH-contracted agencies to provide treatment to patients and consultation and training to site staff, thereby becoming an integral part of the onsite treatment team. During the rotation, residents assess and treat people where they live—in the street, shelters, drop-in centers, residences—accessing people whose ability to pursue standard avenues of treatment has been significantly limited by mental illness, homelessness, and poverty. This experience challenges the resident to tailor the frame and goals of psychiatric practice to the individual patient, who exists within the larger mental health care and housing system.

Number of Residents on the elective at any given time: Flexible.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).
Residents participating in the PPOH Clinical Rotation are expected to commit three hours per week to an agency for a minimum of one year for PGY-3 and six months for PGY-4 residents in psychiatry. Although there may be some flexibility around scheduling, your time at the agency will need to coincide with a time when clinical staff is also on-site so that services can be easily coordinated. PPOH does monitor the attendance of its rotating residents.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care. The resident will demonstrate skills necessary to:
   a. Interview patients, perform mental status examinations, and assess risk in non-traditional clinical settings
   b. Perform a differential diagnosis of psychiatric disorders informed by the patient’s social and housing circumstances
   c. Devise and implement a comprehensive treatment plan to address recognized psychiatric, addiction, social, and medical issues

B. Medical Knowledge. The resident will demonstrate knowledge of:
   a. The pathophysiology, epidemiology, diagnostic criteria, and clinical course for psychiatric disorders, particularly those common to the homeless population, including psychotic, mood, substance abuse, and personality disorders
   b. Appropriate, feasible treatment options for homeless patients with mental illness, factoring in the limitations of homeless service setting and risks and benefits of potential therapies
   c. General concepts in the phenomenology, demographics, and psychiatric care of homeless individuals

C. Interpersonal and Communication Skills. The resident will learn to:
   a. Create and sustain ethically-sound relationships with patients by utilizing open communication, empathy, and appropriate boundaries
   b. Work effectively with other members of the multidisciplinary team and mental health and medical providers and social workers in the community
   c. Elicit information and present it to coworkers and supervisors effectively

D. Systems Based Practice. The resident will:
   a. Understand the community psychiatrist’s place and the patient’s presentation within the larger mental health care system
b. Advocate for quality patient care with other providers

E. **Practice-Based Learning and Improvement.** The resident will be able to:
   a. Evaluate and improve patient care practices through feedback with supervising attending and site staff
   b. Discuss evidence-based practices in psychopharmacology, psychotherapy, and psychosocial rehabilitation
   c. Engage in techniques used by the community psychiatrist that foster life-long learning

F. **Professionalism.** The resident will learn to:
   a. Demonstrate respect, compassion, integrity, and accountability in interactions with patients, site staff, and other providers
   b. Demonstrate sensitivity and responsiveness to each patient’s age, gender, ethnicity, culture, sexual orientation, religion, and disabilities

**Supervision:** (Please indicate the number of hours of supervision per week.)
Rotating residents are provided face-to-face supervision with a PPOH attending at least once a month. More frequent supervision is available depending on the site placement and the resident’s interest. Resident supervisors will also review medical records and countersign written documentation within one business day of writing. Supervisors are available for back-up between supervision sessions.

**Method of Evaluation:** (Online evaluation system: *New Innovations*, Discussion of Feedback with the resident, etc.)

- Residents are evaluated semi-annually by their supervisor in a face-to-face feedback session and in an evaluation form reflecting the goals of the rotation framed within the core competencies. This evaluation will include input from the resident’s placement site.

*Reviewed: Dr. Joanna Fried, 2/24/16 (no changes)*
Psychiatric Publishing

Faculty/Staff
- Benjamin Sadock M.D.
- Phone: 212-263-6210
- Email: bjs6@nyu.edu

Description:
The ability to write about psychiatric subjects is a core skill of academic psychiatrists. This elective helps develop those skills including how to pick topics, how to organize data and present information and how to get one’s writing published. Residents may also choose to work as assistant to the editor in the production of the Comprehensive Textbook of Psychiatry or other Sadock titles.

Number of Residents on the elective at any given time: 1

Schedule:
52 weeks per year or until project is completed. Resident works at his/her own pace. Hours are flexible. Pace of work will be up to the resident who will set deadlines in collaboration with Dr. Sadock. Some projects can be completed with 4 to 6 weeks.

Goals:
- Accumulation of medical knowledge about a particular psychiatric topic accrues as a result of research in that topic.
- Communication skills improve using the written word in journal articles and/or online media (including blogs).
- Professionalism recognized by virtue of using replicated data, crediting of work of others properly and honesty in communication.

Supervision:
- Supervision by Dr. Sadock in tutorial format 52 weeks per year or until project completion.
Readings:
- None assigned; but depending on topic resident will be required to review a history of the literature as it relates to the subject chosen.

Method of Evaluation:
- No grades are assigned. Evaluation is based on collaborative discussion and agreement between Dr. Sadock and resident.

Reviewed by Dr. Benjamin Sadock, 3/22/16 (no changes)
Psychoanalytic Psychotherapy

Faculty/Staff
Arthur Lew, M.D.
Clinical Professor of Psychiatry
212-410-5344  ALewNR@AOL.com

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The core element of this elective will be a seminar, which will be held weekly on Mondays at 1:30 P.M. beginning in September. The seminar will focus on cases being currently treated, including some cases that the residents have already had some length of time with, so that the material discussed will serve to illustrate principles of psychoanalytic psychotherapy that had been introduced earlier in the residency, but now offering the chance to observe and consider them as they unfold in actual clinical situations. At this point in educational progression, this experience should help senior residents in integrating concepts such as the therapeutic alliance, transference, resistance, countertransference, symptomatic improvement vs. resolution of conflict, work with dreams, the role of oedipal and pre-oedipal issues, and termination. The relevance of these concepts to treatments other than psychotherapy per se will also be addressed. There will not be a set reading list; readings will be recommended according to the particular matters under discussion.

Participants in this elective will also have the opportunity to take on additional psychotherapy cases and to have an additional psychoanalytic supervisor assigned for those cases. The extra supervision will be offered either on site at NYU during regular NYU hours, or at the supervisors’ offices if possible to arrange so as not to conflict with regular hours.

Any interested residents are invited to contact Dr. Lew either by phone at 212-410-5344, or by e-mail at alewnr@AOL.com.

Number of Residents on the elective at any given time: Flexible

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Mondays 1:30 – 2:30 P.M.
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Patient Care:** Residents will improve their competency in providing patient care through an amplified understanding of psychoanalytic principles applicable to their work with patients. This will apply to patients in psychotherapy as well as in other treatment modalities.

B. **Medical Knowledge:** A more in-depth appreciation for the meaning of psychiatric diagnosis will be achieved through understanding of the meanings of various symptoms and behaviors to patients and the mechanisms of defense involved in different clinical states.

C. **Interpersonal and Communication Skills:** Focused discussion of elements of treatment such as the establishment of a meaningful therapeutic alliance, the choice of phrasing of interpretations, and the handling of resistances and acting out will improve interpersonal and communication skills.

D. **Systems Based Practice:** Deeper appreciation of the therapeutic alliance, transference, and the experience of termination will increase the residents’ understanding of what it means for patients to receive treatment in a clinic setting.

E. **Practice-Based Learning and Improvement:** The ongoing consideration of actual clinical experiences of each other’s patients will provide relevant experience in these areas.

F. **Professionalism:** The appreciation of psychoanalytic principles in clinical work will add a unique dimension to the residents’ understanding of proper professional behavior with patients. Such concepts as boundary violations, transference and countertransference enactments, neutrality, and therapeutic tact will help residents in consolidating their professional identity.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- Optional, by arrangement, one hour per week.
- Additional supervision by arrangement between resident and supervisor.

**Readings:**
- As is relevant to the cases and principles under discussion at any given time.

**Method of Evaluation:** (Online evaluation system: *New Innovations* [www.new-innov.com/nyu](http://www.new-innov.com/nyu). Discussion of feedback with the resident, etc.)
- Ongoing feedback throughout the course, supplemented by discussion at the end of the course.

Reviewed by Dr. Arthur Lew, 3/10/15 (no changes)
The Psychodynamics of Leadership and Organizations

Faculty/Staff

- Kerry J. Sulkowicz, MD
- 917-607-2770 (C)
- kjs@boswellgroup.com (e-mail)

As of July 11th, the elective will meet every other week on Fridays, 3:30 – 5:00 p.m. (revised as of 6/13/16)

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This full-year elective will introduce PGY IV residents to the application of psychodynamic principles to leadership and organizational life. Residents will learn basic principles of group dynamics in the organizational setting, including the psychology of leadership, and will then study the impact of leaders on organizational culture, common dynamic problems that arise in organizations, and the intersection of individual and group psychodynamics. Residents will study factors that lead to successful leadership as well as to leadership failures. Residents will have the opportunity to conduct an actual organizational assessment, and possibly consult to that organization, under my supervision. They will gain exposure to the alternate career path of working as a clinically trained consultant to leaders of various organizations.

Number of Residents on the elective at any given time: No limits

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- 90 minutes every other week, throughout the year (July-June)
- Minimum requirement: 36 hours

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
A. **Patient Care:** Residents will learn to assess the dynamics of a small organization, or a group or team within a larger organization, from the perspective of the intersecting individual roles, culture, and leadership, with a focus on whether the organization is achieving its stated aims.

B. **Medical Knowledge:** Residents will acquire a deeper understanding of central psychodynamic concepts of groups and leadership.

C. **Interpersonal and Communication Skills:** Residents will hone their interpersonal and skills in the group setting, including their ability to “read” a group, to manage multiple simultaneous transferences and projections in the group, and to lead a complex group meeting or discussion. Residents will also develop their communication skills (spoken and written) with individuals in positions of authority. Residents will acquire skills that enhance their effectiveness in various organizational settings.

D. **Systems Based Practice:** Residents will incorporate family systems approaches in their work with groups and organizations.

E. **Practice-Based Learning and Improvement:** Residents will have the opportunity to apply their didactic learning in an actual group consulting experience or leadership assessment.

F. **Professionalism:** A high degree of professionalism, in demeanor and appearance, is required for this elective.

**Supervision:** (Please indicate the number of hours of supervision per week.)

**Readings:**

**Selections from:**

Other articles from the Harvard Business Review and elsewhere

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

_Reviewed by Dr. Kerry Sulkowicz, 2/27/16 (no changes)_
Public Psychiatry and the Structural Causes of Mental Health Inequalities

Please note: Schedules listed below can be arranged to accommodate individual residents’ needs regarding both hours and weekly commitment.

Faculty/Staff

- Helena Hansen, MD, Ph.D. (Research Assistant Professor, NYU Departments of Psychiatry and Anthropology) helena.hansen@nyumc.org (718) 872-8587
- Marc Manseau, MD (Attending Psychiatrist, Bellevue Mental Hygiene Clinic) marc.manseau@nyumc.org (212) 562-8856
- Lianne Morris-Smith, MD (Medical Director, Manhattan State Psychiatric Center, OMH Outpatient Clinic Lianne.Smith@omh.ny.gov

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This elective is designed to develop residents’ skills in community-based clinical care, in population health advocacy and services research to address inequalities in mental health systems and outcomes in poor neighborhoods. Although the time commitment will vary depending on the specific project of the resident, it typically requires one full day per week onsite for a flexible time period (usually 4-6 months) in Harlem, at an outpatient clinic run by the NY State Office of Mental Health. It also features a seminar (1-2 times per month) on institutional causes of mental health inequalities designed for PGY-4’s and NYU public psychiatry fellows. A distinguishing feature of the clinical component is that trainees will have the opportunity to work with patients and community based organizations in their neighborhood.

Specifically, the elective requires:

- Participation in home-based and community organization-based clinical evaluations, treatment and referrals of adults attending the NY State OMH Clinic. Residents will conduct visits with patients as part of a multi-disciplinary team including social workers, nurses, internists and peer advocates. They will receive clinical supervision from NYU psychiatry faculty.
- Wherever possible, observation of mental health policy decision-making bodies in the New York State Office of Mental Health, as well as observation of mental health advocacy organizations.
- Development of a collaborative research project geared toward identifying structural (institutional) causes of poor treatment adherence and/or poor mental health outcomes under the supervision of NYU sociocultural and health services researchers.
- Workshopping of an original article (which may be co-authored with other residents and with faculty) based upon preliminary findings from this research with the goal of submission to a peer-reviewed journal.

The elective is intended to foster the following skills:

- Provision of holistic health care to impoverished individuals and families, including assistance in navigating clinical and social welfare bureaucracies
- Creative advocacy for patients who are ill-served by currently available health and social resources
- Sophisticated understandings of the policies, economic factors, and institutional dynamics that have an impact on patient outcomes
- Knowledge of health systems and sociocultural research based upon clinical and institutional factors related to suboptimal mental health outcomes

**Number of Residents on the elective at any given time: Flexible**

**Schedule:** (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Minimum commitment (typically over a four to six month period – exact commitment will vary depending on specific resident project):

- One 6-8 hour day per week in community agencies affiliated with the 125th Street Clinic based organizations to participate in evaluations and service coordination. This includes onsite clinical supervision.
- An average of 1 hour of didactic and group supervision time per week at Bellevue hospital.
- Research projects will require an average of 1-4 hours per week of individualized literature search, data review, writing and/or research supervision time.

Total weekly time commitment over four to six months: 8 hours
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Patient Care**: Resident will gain specific skills in evaluation and interventions for socioeconomically marginal patients using holistic and community-based team visit approaches developed by community psychiatrists, such as Critical Time Intervention.

B. **Medical Knowledge**: Resident will gain clinical knowledge of home and community based evaluations and interventions for people in marginalized populations, but will also to conceptualize cases and design interventions focused on institutional and health system barriers to mental health and health care.

C. **Interpersonal and Communication Skills**: Resident will practice and demonstrate a flexible vocabulary and set of approaches not only for interaction with patients, but also for effective interactions and coordination with bureaucratic systems of care and public benefits, as well as with policy makers and mental health advocates.

D. **Systems Based Practice**: This elective will uniquely prepare residents for conceptualizing and acting upon clinical problems on a systems (institutional/policy) level by coaching residents on observation and documentation of, as well as intervention on, systemic barriers to care and mental health. The resident will demonstrate effective preparation and presentation of a systems level observational study, as well as effective systems level clinical interventions for patients.

E. **Practice-Based Learning and Improvement**: The residents will demonstrate increasing competency over time in completing systems level evaluation and interventions, with weekly supervision and feedback from elective faculty.

F. **Professionalism**: Residents will demonstrate enhanced leadership skills as psychiatrists, by learning to observe and document systemic barriers to care, as well as how to intervene at the level of systems improvement advocacy, community alliance building, and policy making.

**Supervision**: (Please indicate the number of hours of supervision per week): 2-3 hours per week (onsite clinical, group, and research supervision).

**Readings**:

Residents will read the course readings of the NYU public psychiatry fellowship (attached), plus individualized readings assigned by supervisors on topics ranging from intervention with families, mental health policies influencing systems of care, to systems research methods.
Potential PGY IV Public Psychiatry Projects with the Brownsville Partnership 2014-2015

- **Mental Health Needs Assessment for Brownsville.** Residents may complete interviews with community based organizations and social service agencies in Harlem, and gather quantitative data on mental health service utilization in Harlem, as well as on local mental health providers and their resources. With this data public psychiatry residents can then assist in piloting targeted interventions. Information gathered will aid in the development of a "resource matrix" and “service map” which will show what mental health services are and are not accessible to Brownsville residents, and will inform the development of enhanced service coordination at the clinic.

- **Forensic Psychiatry: Diversion of Mentally Ill People from Incarceration to Mental Health Treatment.** Residents may collaborate with relevant agencies develop interventions to divert patients with mental illness from the criminal justice system and connect them to mental health treatment. The results would be used by the NYS OMH Clinic in its community programming and collaboration with probation, corrections and juvenile justice agencies, as well as by Punishment to Public Health, an advocacy organization dedicated to reducing mass incarceration rates in low income neighborhoods of New York.

**Method of Evaluation:** (Online evaluation system: New Innovations [www.new-innov.com/nyu](http://www.new-innov.com/nyu). Discussion of feedback with the resident, etc.)

Residency online evaluation program: New Innovations, focus group with residents mid year and at the end of the elective year.

*Reviewed & Revised: March 2016, Dr. Helena Hansen*
Reproductive Psychiatry

Faculty/Staff

- **Judy Greene, MD, Director of Women’s Mental Health, Bellevue Hospital**
  
  - 212 562 7294, judy.greene@nyumc.org

- **Marra Ackerman, MD, Director of Women’s Mental Health, 1 Park Ave**
  
  - 646-754-4750, Marra.Ackerman@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Residents will see women with psychiatric disorders that present in relation to the reproductive life cycle. This includes women with antenatal and postpartum disorders, as well as those with premenstrual syndromes, infertility issues, and peri-menopausal mood disorders, though the majority of patients seen will have perinatal psychiatric disorders. Patients are referred to the Reproductive Psychiatry Program at Bellevue (Greene) and at One Park (Ackerman) for consultations and for ongoing treatment. Residents will also have the opportunity to see patients at the Bellevue Obstetrics and Gynecology Clinic under the supervision of Dr. Greene and the reproductive psychiatry fellow. This elective gives residents an opportunity to develop an in-depth understanding of this subspecialty. Residents will see patients alone and in conjunction with an attending. At Bellevue, they also will participate in a weekly journal club where they will have the opportunity to present, critique, and discuss important articles in the field. At 1 Park, they will participate in a weekly conference with alternating case discussion, didactics, and journal club. Goals for the conference series include developing confidence and competency in medication management during pregnancy and understanding the epidemiology and clinical presentation of psychiatric disorder across the reproductive lifespan. Residents are also encouraged to develop their teaching skills so that they can share their new knowledge with colleagues and students.

Number of Residents on the elective at any given time: Flexible
Schedule: (Number of hours/week, number of weeks/year and please include the **minimum** amount of time to make this elective viable).

- Bellevue: The clinic meets on Wednesday mornings from 9:30am-12:30pm. Journal club meets Wednesdays from 12:30-1:30pm. Supervision takes place during clinic. Residents are also expected to spend 1-2 hours per week on reading and write-ups.
- One Park: There will be clinical rounds at One Park on Monday afternoons, 1-2:15. When assigned, consultations will be scheduled by the residents directly who will coordinate with Dr. Ackerman.
- PGY2 Residents can spend a minimum of 2 weeks doing this elective (4+ hours/week). PGY4 Residents can spend a minimum of 8 weeks doing this elective (6 hours/week).

**Goals** (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

**A. Patient Care: At the conclusion of this elective, the resident will be able to:**
1. Diagnose psychiatric disorders that present in relation to the reproductive lifecycle.
2. Outline a treatment plan, including psychotherapy and psychopharmacologic options, to the patient and family.
3. Coordinate care with the patient’s OBGYN, and other healthcare providers, both orally and in writing.

**B. Medical Knowledge: At the conclusion of this elective, the resident will be able to:**
1. Discuss key features of reproductive-related psychiatric disorders
2. Discuss the data available on the use of medications and different types of psychotherapy in pregnancy and lactation.
3. Present and critique important articles in the field.

**C. Interpersonal and Communication Skills**  **At the conclusion of this elective, the resident will be able to:**
1. Establish a therapeutic alliance with the patients and their support system.
2. Explain complicated risk/benefit decision making with patients and their support system.
3. Discuss clinical concerns and recommendations with the patient’s other physicians and members of the treatment team.

**D. Systems Based Practice:** At the conclusion of this elective, the resident will be able to:

*Use the principles of evidence-based medicine in order to:*

1. Locate and discuss the best data available for particular patient problems
2. Develop individualized treatment plans based on the available data and clinical experience.

**G. Practice-Based Learning and Improvement:** At the conclusion of this elective, the resident will be able to:

1. Develop their academic and clinical skills in the context of direct patient care, with direct attending supervision during patient encounters.

**H. Professionalism:** Our residents are encouraged to follow the highest standards of professionalism to prepare them for their careers beyond residency. In order to ensure the highest standards of teaching, we encourage the residents to provide critical feedback to the faculty on administrative, clinical, and academic matters.

**Supervision:** (Please indicate the number of hours of supervision per week.)

- Onsite attending supervision takes during clinic session. Supervision occurs at each patient visit.

**Readings:**

- Each week, the resident will read an article relevant to the field of reproductive psychiatry.
- In addition, at the start of the elective, residents will read chapters from various sources on reproductive psychiatry, which will provide a good foundation for the elective.

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- Ongoing face-to-face feedback with the resident, in addition to *New Innovations*.

*Reviewed by: Judy Greene & Marra Ackerman 2/27/16*
Some Basic Aspects of the Clinical Process in Psychoanalysis

Faculty/Staff
Nasir Ilahi: 212–877-2919; nilahi@cs.com

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Number of Residents on the elective at any given time:

This series of seminars will consider, in an introductory and accessible manner, some of the basic concepts used in understanding the psychoanalytic process as well as psychoanalytically oriented psychotherapy. The topics covered will include the concepts of the clinical situation, treatment alliance, transference, special forms of transference, counter-transference, resistance, negative therapeutic reaction, the nature and function of interpretations, acting out, and working through. Historical roots of these basic concepts will be traced followed by a review of how far various contemporary psychoanalytic schools and authors may have gone in modifying, bending, or extending these concepts to fit their respective approaches. New knowledge of the psychoanalytic process will be considered. It is hoped that the seminars will enable students to get a clearer and more precise understanding of these basic topics, as well as an appreciation of some of the differences amongst the major psychoanalytic schools in existence today, in so far as they relate to the understanding of these concepts and their applicability to dynamic (insight-oriented) psychotherapy.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

1 hour 10 minutes per week (Tuesdays: 12:00 – 1:00 p.m.)

10 weeks/year

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
A. **Patient Care**: Residents will learn some of the main concepts of contemporary dynamic psychotherapy that will better equip them to offer this treatment modality to their patients and thus improve patient care.

B. **Medical Knowledge**: Residents will acquire a deeper understanding of central psychodynamic concepts of individual psychotherapy.

C. **Interpersonal and Communication Skills**: Residents will hone their interpersonal and communication skills in the therapy setting, including their ability to understand unconscious phenomena, to decipher different types of transference phenomena, and enhance their ability to think about their counter-transference issues that may arise in the course of carrying out psychotherapy. As a result, residents will acquire a better understanding of the skills, including those of communication that will foster their effectiveness in therapy settings with both neurotic and the more disturbed patient.

D. **Systems Based Practice**: The approach is primarily psychodynamic.

E. **Practice-Based Learning and Improvement**: Residents will have the opportunity to listen to clinical vignettes from the seminar leader’s practice, as well as be able to bring up case examples from their own work. This clinical based learning will be an essential element of this course as the aim is to make the learning experience as practice based and clinical as possible.

F. **Professionalism**: A great degree of professionalism is required in the practice of individual psychotherapy as it is essential that the therapist be able to provide a highly reliable framework, both in terms of the practical clinical arrangements with the patient as well as in terms of the psychological framework inside the mind of the therapist (which is a function of the therapist’s ‘s understanding and emotional responsiveness to the needs of the patient).

**Supervision**: (Please indicate the number of hours of supervision per week.) N/A

**Readings**: The main readings will be from:
- Additional readings to be assigned as needed

**Method of Evaluation**: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

*Reviewed by: Dr. Nasir Ilahi, 04/12/15 (no changes)*
Substance Abuse Education Group on Adolescent Inpatient Service

Faculty/Staff

- J. Rebecca Weis, MD Director of Early Childhood Mental Health, Bellevue Hospital
  - 212-562-3290 or 347-229-6991 jenny.weis@nyumc.org
- Kelsey Frohman, LCAT for 21North, Bellevue Hospital
  - kelsey.frohman@bellevue.nychhc.org
- Attending leadership for adolescent inpatient service

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):
Residents implement a manualized group protocol (Mind Over Matter) for substance abuse education on the adolescent inpatient service at Bellevue Hospital. This group protocol has been developed here at Bellevue since we were unable to find a pre-existing curriculum that was applicable for the short-length of stay that is seen in inpatient units and that bridged the gap between varying levels of substance experimentation and use amongst the Bellevue adolescent inpatient population. The manual is composed of six discrete modules, and residents will become familiar with running all six of these modules over the course of their rotation. Residents will co-lead one of the groups per week (the groups occur on the unit three afternoons per week). Additionally, they will attend weekly supervision – ideally, the resident can attend the group supervision time but if this is not possible supervision may be arranged directly with Dr. Weis.

Number of Residents on the elective at any given time: 3

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).
- Group one hour per week on either Tuesday or Wednesday afternoon plus prep time before and after group (approximately 10 minutes before group and 5 minutes after – total 1 hour 15 minutes
- Supervision 30 minutes per week ideally during the group supervision time on Fridays from 1:30-2 pm

Residents are expected to commit to at least 6 months of the elective and ideally can commit to the entire year. PGY-3 or PGY-4 residents are encouraged to consider this elective as applicable within their schedule.
Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

**Patient Care**  
**Goal:** Understand the unique issues specific to providing a version of substance use education and treatment for adolescents in an inpatient setting  
**Objectives:**  
- Identify and manage the specific challenges relevant to working with adolescents in a group setting  
- Develop skills for delivering information about substances of abuse to adolescents that is acceptable to the patient population  
- Develop ability to encourage discussion and thoughtfulness amongst the adolescents as they are encouraged to make their own best choices for substance use utilizing a motivational interviewing framework

**Medical Knowledge**  
**Goal:** Become increasingly familiar with information about substance use patterns in adolescents and how this applies to individual adolescents  
**Objectives:**  
- Through thorough understanding of the Mind Over Matter curriculum, increase knowledge of how substance use patterns shift in adolescents, how this impacts on future risk for addiction, and how this risk is modified by co-morbid mental health problems and other factors in the life of the adolescent.

**Interpersonal and Communication Skills**  
**Goal:** Ability to communicate effectively with adolescents about use of substances and associated risks  
**Objectives:**  
- As noted above, one of the main goals is to develop the ability to encourage an open forum for adolescents to think for themselves about substance use after being given information relevant to their decision process.  
- Encourage role play as a method to practice potential responses in situations where substance use is encountered by adolescents.

**Systems Based Practice**  
**Goal:** Understand the stage of life and environmental risk factors faced specifically by adolescents in an urban setting and how this impacts on substance abuse risk  
**Objectives:**  
- Through thorough understanding of the Mind Over Matter curriculum, increase knowledge of trends in adolescent substance use nationally compared to the actual day-to-day experience of the adolescents on the inpatient unit at Bellevue.
• Increase understanding of how a specific population based intervention (MOM on the inpatient unit at Bellevue aims) to enable some cognitive shift to increase the “perception of harm” for substance use during adolescence.

**Practice-Based Learning and Improvement**
**Goal:** To improve clinical and leadership skills by incorporating feedback from supervisors
**Objectives:**
• Integrate supervisory feedback and suggestions into the management of group sessions

**Professionalism**
**Goal:** To be able to maintain appropriate boundaries with adolescent population in discussion about substance use while also maintaining an adequately open environment to facilitate group discussion and thinking
**Objectives:**
• Demonstrate respect for patients and encourage respect between group members
• Set specific behavioral expectations for group participation and follow-through within context of group protocols if behavioral expectations are not met
• Ensure adequate preparation for each group in order to present material effectively
• Present material from group coherently in supervision sessions
• Complete group paperwork (attendance records)
• Communicate effectively with unit staff should any patient issues arise in the group context

**Supervision:** (Please indicate the number of hours of supervision per week.)
• Thirty minutes weekly

**Readings:**
**Mind Over Matter** manualized group protocol – residents are also encouraged to read additional articles relevant to adolescent substance use, a number of which are referenced in the Mind Over Matter manual. If desired, a portion of supervision time can be dedicated to review of these materials.

**Method of Evaluation:** (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).
• Ongoing face-to-face feedback with the resident, in addition to New Innovations.

Reviewed by, Dr. J. Rebecca Weis 3/18/16 (no changes)
Transference Focused Psychotherapy for Personality Disorders Supervision Group (TFP)

- Richard G. Hersh, M.D.
- 212-875-1866 (ph)
- rh170@columbia.edu (e-mail)

Overview:

The objective of this elective is to teach the theory and technique of TFP for personality disorders through in-class discussion of select readings and the examination of videotaped clinical process material. Each participant will be expected to present clinical material from his or her work in twice-weekly psychotherapy with a patient in the borderline spectrum. Participants can expect to become familiar with the clinical management of difficult patients with features of borderline and narcissistic personality disorders in particular.

Learning Objectives:

A. **Patient Care**: Participants will learn......
   a. The theory of personality organization that informs the psychodynamic treatment of personality disorders.
   b. The technique of structural interviewing and the assessment of personality organization.

B. **Medical Knowledge / Clinical Science**: Participants will learn.....
   a. How to establish and exploratory psychodynamic framework for the treatment of personality disorders.
   b. How to conduct Transference-Focused Psychotherapy.

C. **Interpersonal and Communication Skills**: Participants will learn.....
   a. How to discuss issues of diagnosis and treatment planning with personality disorder patients and their families.
   b. How to work collaboratively in a peer consultation group, consulting on matters of diagnosis, suitability for treatment, and technique.

D. **Practice Based Learning and Improvement**: Participants will learn.....
   a. How to consult on cases that pose challenges with regards to crisis management / patient safety, management of boundaries, and the therapist’s recognition and use of countertransferences.
   b. The current state-of-the-art therapies for the treatment of personality disorders, including present-day controversies related to diagnosis and technique.
E. **Professionalism**: Participants will learn......
   a. To recognize ethical/legal issues which arise in the treatment of personality disorder patients and how to manage the same.
   b. To recognize the expectable strains associated with working with personality disorder patients and how to manage the same so as to avoid ethical breaches and to more consistently and effectively work in the best interests of the patient.

F. **Systems-Based Practice**: Participants will learn......
   a. How to determine the appropriate level of care for personality disorder patients, i.e., which patients are suitable for outpatient psychotherapy versus more intensive care.
   b. When to refer patients to adjunctive treatments (e.g., psychopharmacology, group, diagnosis-specific adjunctive treatments such as AA or eating disorder support groups).

**Number of Residents on the elective at any given time:**

No limit on number or residents in the elective

**Schedule of Meetings:**

- Tuesdays 1:00 p.m. to 2:30 p.m.

**Overview of Borderline Personality Organization (BPO)**

1. **July 8th** Overview of Course
   

2. **July 15th** Borderline Personality Organization - The Syndrome
   

3. **July 22nd** Borderline Personality Organization - Assessment
   

4. **July 29th** Borderline Personality Organization - The Syndrome

Transference-Focused Psychotherapy for Personality Disorders

5. September 9th


6. September 16th


7. September 23rd


8. September 30th


9. October 7th


10. October 21st


11. October 28th

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12. November 4th


13. November 11th


14. November 18th


15. November 25th


**Narcissistic Pathology**

16. December 2nd


17. December 9th


18. December 16th

2015:

19. January 6th  

**Alternative Approaches**

20. January 13th  
Mentalization-Based Therapy (MBT)


21. January 20th  
Dialectical-Behavioral Therapy (DBT)


22. January 27th  
Cognitive-Behavioral Therapy


23. February 3rd  
General Psychiatric Management


24. February 10th  
Supportive Psychotherapy


25. February 17th  
Commonalities of Treatments

supported treatment of borderline personality disorder. *Curr Psychiatry Rep* 12: 60 - 8

**Transference-Focused Psychotherapy, Revisited**

26. February 24


27. March 10th


28. March 17th


29. March 24th


30. March 31st


31. April 7th


32. April 14th

33. April 21st


34. April 28th


35. May 5th


36. May 12th


37. May 26th


Reviewed by Dr. Richard Hersh, 2/23/16
Treatment Resistant Depression

Faculty/Staff

- Norman Sussman, MD
- Norman.sussman@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Treatment Resistant Depression Program within the NYU School of Medicine provides comprehensive, state-of-the-art assessments and second opinions for individuals with mood disorders who have not responded to multiple therapeutic interventions. The initial consultation is an in-depth evaluation of an individual’s current and past psychiatric history, including prior treatment, precipitating and perpetuating factors, and psychosocial aspects of the presenting condition. This comprehensive assessment guides the treatment plan that typically includes medications and psychotherapeutic intervention. This service is targeted in particular to individuals and/or their treating physicians who have concerns about the accuracy of their diagnoses, their level of response to current treatments, side effects, or inadequate functional recovery.

One educational benefit for residents who elect to participate in this elective is exposure to patients who are increasingly presenting in clinical practice. Easy to treat patients are seen in primary care settings. Because these patients have failed on standard treatment regimens, residents will learn about the use of state-of-the-art pharmacologic interventions, many of which are borrowed from other specialties. When indicated, NYU Department of Psychiatry resources such as neuroimaging, ECT and experimental protocols will be used to clarify diagnoses and provide cutting-edge treatment.

Resident responsibilities include doing an intake evaluation that will then be presented to a senior attending. The resident will have a completed patient packet that includes a clinical history and history of treatment. The case will be presented to one or more attending physicians and then both resident and attending physicians will meet with the patient. The initial encounter should take two hours and follow-up meetings and hour each. These visits will be arranged to work within the schedule of the resident. Residents who have participated in this elective in the past have found it to be highly informative and excellent preparation for the world of clinical psychopharmacology.
Number of Residents on the elective at any given time: Maximum of 2 residents at the same time, so they can get enough cases.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Approximately one intake per week and a second hour of supervision throughout the year. The minimum amount of time per week would be 2-3 hours.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care: --Learn how to manage the psychopharmacology of refractory depression, to learn to comprehensively evaluate the differential diagnosis of TRD, and to utilize supervision to help guide management of complex cases.

B. Medical Knowledge: --Develop greater familiarity with complex psychopharmacology and other modalities for refractory depression (such as ECT, TMS etc.)

C. Interpersonal and Communication Skills: --To effectively communicate with patients regarding a relevant history as well as details of alternate treatment regimens

D. Systems Based Practice: --To utilize a broad range of health care professionals with varying approaches to the management of TRD

E. Practice-Based Learning and Improvement: --To analyze appropriate evidence and literature that supports clinical management

F. Professionalism: -To effectively manage complex cases in an effective manner in the current health care milieu.

Supervision: (Please indicate the number of hours of supervision per week): 2-3

Readings: TBD

Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.)

- Direct discussion with resident
- New Innovations
- Case conferences

Reviewed & Revised: Dr. Norman Sussman, 3/29/2016