# PGY-4 Electives

**2017-2018**

*As of August 23, 2017*

| 42 electives |  |
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Adult Palliative Care, Bellevue Hospital

Faculty/Staff

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  Chief, Section of Palliative Care, NYU School of Medicine
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Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Psychiatry residents will join a multidisciplinary team of physicians, nurse practitioners, social worker and chaplain to provide inpatient palliative care consultation services to adults admitted to Bellevue Hospital. Residents will hone skills related to supporting patients with chronic medical conditions at various stages of treatment and planning, from initial diagnosis to end of life care. They will work closely alongside the team in evaluating new consults, facilitating goals of care discussions, providing pain and symptom management, assessing psychiatric comorbidities, conducting family meetings, and generally supporting and communicating closely with primary and secondary teams to establish a unified approach to care.

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

- 1 Resident at a time
- 2 weeks minimum
- Average of 45-55 hours/week

Typical hours are Monday through Friday 8:30am through 6:00pm, though exact hours will vary based on patient volume. There are no weekend or night coverage responsibilities. There is an expectation that the resident will be reading literature provided on palliative care and ethics topics, fiction literature that is used to add depth to the study of narrative medicine and end-of-life care, as well as reading based on their specific patients.

Dedicated palliative care didactics will take place for minimum of 90 minutes per week and will be conducted with all of the residents at each clinical site convening together for these sessions. Included in the didactic sessions will be seminars on communication skills, pain and non-pain symptom management, and ethical dilemmas near the end-of-life. Debriefing and processing of difficult cases will occur at the clinical sites and during weekly didactics.
Most rotation times can be accommodated through approval via Dr. Cohen. However the best times for resident rotators are when palliative fellows are not on service:
September 24 – November 18, 2017
January 14 – February 10, 2018
April 8 – May 5, 2018

Additionally, a proportion of staff will be unavailable for teaching during the AAHPM conference from March 14 – March 17, 2017

**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 evaluate and treat patients demonstrating the knowledge, skills, and attitudes most conducive to providing thoughtful and safe palliative care treatment with close collaboration and effective communication with all involved in the patient’s care.

**Objectives:**
- Clarify reason for consultation request
- Review medical record for pertinent medical and psychosocial information, focusing on important medical diagnoses as contextualized within the trajectory of illness
- Obtain collateral history as needed
- Perform evaluations and assessments of patients with advanced and/or life limiting illness, including performing a physical, psychological, social and spiritual assessment
- Perform a complete pain and symptom assessment using validated tools, and understand the basic science and physiology behind various symptom complexes which are common in advanced illness (e.g. pain, nausea, cachexia, dyspnea)
- Formulate the case characterizing the core problem and additional current or future needs, with prognostication as appropriate
- Recommend medications as appropriate for treating physical and psychological symptoms
- Communicate evaluation and recommendations effectively (see “Interpersonal and Communication Skills” for further details)

**B. Medical Knowledge**
**Goal:** Residents will develop and demonstrate knowledge in core areas of palliative care, including pain assessment and management, physical symptom assessment and management, psychiatric assessment and management, advanced care planning, capacity assessment, among others.

**Objectives:**
- Use validated tools to assess systematically for pain, dyspnea, nausea, anorexia, depression, anxiety, fatigue, presence of delirium, constipation, diarrhea, secretions, insomnia
- Perform a thorough evaluation of multiple aspects of pain including functional assessments, evaluation of past treatment responses, identification of the underlying etiology of pain, and clear documentation of whether the pain is a) acute or chronic, b) malignant vs non-malignant, c) somatic vs neuropathic, d) controlled versus non-controlled
- Assess substance use/abuse history and assessment of other risk factors for chronic opioid use through evaluation and use validated tools
- Recommend opioid and non-opioid pain medication as appropriate with understanding of initiating doses, factors for titration, duration, and adjuvant treatments
• Recommend psychotropic medication as appropriate in the context of palliative care practice
• Understand the criteria for capacity and use resulting capacity determination when needed to indicate the patient’s ability to engage in care decisions and to appoint a health care proxy
• Assist patient and family members in medically and psychologically sensitive discussion of code status, values and priorities for patient and family, worries and hopes of patient and family, understanding of illness and treatments, and current goals of care
• Recognize and identify psychological coping styles used by patient, family members, team members and adjust approach accordingly

C. Interpersonal and Communication Skills
Goal: Residents will practice and develop greater facility in having difficult discussions, including delivering bad news, discussing goals of care during different illness stages, and communicating effectively with other medical teams.
Objectives:
• Demonstrate sophisticated communication strategies related to caring for patients with advanced illness, including inpatients with limited capacity for whom surrogates are involved by participating in family meetings, breaking bad news, participating in goals of care discussions, advance care planning and other communications with patients, families and providers related to patients they follow longitudinally over a hospital course

D. Systems Based Practice
Goal: Residents will gain proficiency and ease in functioning as a consultant on a medical service that interfaces with a variety of medical specialties as well as social workers, chaplains, and hospice services. Additionally, residents will develop comfort in discussing and navigating medico-legal practices within the framework of New York State and the United States, such as facilitating and documenting health care proxies, DNR-DNI statuses, completing MOLST forms, etc.
Objectives:
• Effective collaboration with medical residents, fellows and attendings in the range of specialties requesting palliative consultation (including general medicine and general surgery, cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, etc) in order to clarify consult requests, assess patients longitudinally, and execute treatment recommendations
• Demonstrate basic ethical principles required to understand issues related to complex medical decision making, DNR, Family Health Care Decision Act, and withdrawal of life sustaining treatment

E. Practice-Based Learning and Improvement
Goal/Objective: During this rotation residents will develop evidence-based questions regarding the diagnosis, prognosis, and treatment of their patients, search and evaluate information available to answer such questions, present information to their colleagues during rounds or lectures, and apply this information to making clinical decisions.

F. Professionalism
Goal: Residents will demonstrate and develop professional comportment in a variety of patient-care situations, including working within a multidisciplinary team and other medical services, interfacing with patients and families from varied socioeconomic and cultural backgrounds, and representatives of ancillary programs providing services for patients in the resident’s care.
Objective:
• Demonstrate a commitment to patient care through actions and communication (eg, being reliable, responsible and punctual)
• Collaborate well with other clinicians and staff involved in each patient’s care
• Collaborate and integrate work on an interdisciplinary team
• Display openness to constructive feedback from the supervising attending regarding performance
• Foster an empathic attitude towards patients and their family members

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

• Direct and indirect supervision will be provided daily through team rounds, observed interviews, and review of individual consult cases, each of which will be staffed by an attending physician (approximately 10-15 hours of direct supervision weekly)

**Method of Evaluation:**

• Throughout the rotation residents will receive informal and regular feedback regarding their proficiency in the above areas
• Formal feedback about strengths and areas for improvement will be given at the half-way point
• Feedback will be solicited from the resident both informally during the rotation and more formally at the completion of the rotation regarding the quality of the training experience

**Readings:**

• [http://vitaltalk.org/clinicians/](http://vitaltalk.org/clinicians/)

*Prepared by: Susan E. Cohen, MD, 8/9/2017*
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; 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, 2/9/17 (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:
• 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)
• [http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030294](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, 02/1/2017 (no changes)
**Contact:**

Ruth S. Gerson, M.D.
Director, Bellevue Hospital Children's Comprehensive Psychiatric Emergency Program
Clinical Assistant Professor, Department of Child and Adolescent Psychiatry

NYU School of Medicine
Phone: 212-562-3231
Pager: 917-205-9858

**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)

**Schedule:**
A range of CCPEP pgy4 electives are available (including brief clinical experiences, broader elective experiences and research projects); interested residents should contact Dr. Gerson directly to explain their goals and interests and determine the schedule and hours that would be required.

**COMPETENCIES:**

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<thead>
<tr>
<th>Patient Care</th>
<th>Learning Objectives</th>
<th>Methods</th>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>The resident will:</strong></td>
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<tr>
<td>Assess suicidality in children and adolescents</td>
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<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>Supervision</td>
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<tr>
<td>Assess potential for violence in children and adolescents</td>
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<td>Teaching rounds</td>
<td>Attending assessment</td>
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Assess child abuse/neglect issues, including domestic violence

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

Obtain indicated emergent laboratory and ancillary (e.g. drugs of abuse screening, EEG, MRI) tests to evaluate and manage patients

Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans

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

Discuss evaluations and treatment recommendations with patients and their families

Medical Knowledge

**Learning Objectives**

*The resident will:*

Demonstrate a basic understanding of normal child and adolescent development

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Methods</th>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>Learning Objectives</strong></td>
<td><strong>Methods</strong></td>
<td><strong>Assessment</strong></td>
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</tbody>
</table>
| *The resident will:*
Demonstrate a basic understanding of normal child and adolescent development | Teaching rounds | Attending assessment |
| | Supervision | |
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13
| Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis | Teaching rounds | Attending assessment |
| Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing | Teaching rounds | Attending assessment |
| Understand and comply with NYS Mental Hygiene Law (Sections 9.13, 9.39, 9.40) | Teaching rounds | Attending assessment |
| Demonstrate appropriate use/documentation of chemical and physical restraints in the management of agitated/violent children and adolescents | Teaching rounds | Attending assessment |
| Describe the indications for inpatient admission | Teaching rounds | Attending assessment |

### Practice-Based Learning and Improvement

**Learning Objectives**

*The resident will:*

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<tr>
<th>Method</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>Use evidence-based methodology to improve patient care</td>
<td>Teaching rounds</td>
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<td>Collaborate with ER house staff</td>
<td>Teaching rounds</td>
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<td>Critically appraise patient care practices in consultation with the attending psychiatrist</td>
<td>Teaching rounds</td>
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### Interpersonal and Communication Skills
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<th>Learning Objectives</th>
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<td><strong>The resident will:</strong></td>
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<td>Understand the indications for</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>requesting/providing information</td>
<td>Supervision</td>
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<td>from/to schools, child welfare</td>
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<td>agencies, ER clinicians, and</td>
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<td>others involved with patients</td>
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<td>while maintaining appropriate</td>
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<td>confidentiality</td>
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<td>Learn to provide timely and</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>appropriate feedback to referring</td>
<td>Supervision</td>
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<td>ER clinicians</td>
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<td>Write concise notes that provide</td>
<td>Teaching rounds</td>
<td>Attending assessment/chart</td>
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<td>psychiatric assessment and</td>
<td>Supervision</td>
<td>review</td>
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<td>treatment recommendations</td>
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<th>Professionalism</th>
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<td>Learning Objectives</td>
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<td><strong>The resident will:</strong></td>
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<td>Maintain professional and</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>therapeutic relationships with</td>
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<td>patients and their families</td>
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<td>Demonstrate behaviors that reflect</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>an ongoing commitment to</td>
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<td>responsible, considerate)</td>
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<td>Liaison between parents, ER</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>clinicians, and hospital staff</td>
<td>Supervision</td>
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<td>when conflicts of interest arise</td>
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<th>Systems-Based Practice</th>
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<td>Learning Objectives</td>
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<td><strong>The resident will:</strong></td>
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<tr>
<td>Advocate for quality patient</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>care and assist patients in</td>
<td>Supervision</td>
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<td>dealing with system complexities</td>
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<td>Task</td>
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<td>Assist non-mental health medical professionals in understanding the mental health needs of their patients</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>Supervision</td>
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<td>Actively pursue disposition planning.</td>
<td>Teaching rounds</td>
<td>Attending assessment</td>
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<td>Supervision</td>
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Reviewed by Dr. Ruth Gerson, 2/2016 (no changes)
Cognitive Behavioral Therapy

Faculty/Staff

- Danielle Kaplan, Ph.D. Dkaplanphd@gmail.com
- Cory Chen, Ph.D. Corychen@gmail.com

The elective builds on the didactics and CBT supervision offered in the third year of residency, with an increased emphasis on case conceptualization and honing residents' CBT skills as employed across a variety of diagnoses.

The elective begins with a four-session didactic series in July focusing on CBT case conceptualization. Residents interested in participating in the elective at any point during the year must be available to attend these didactics, which take place on Thursdays from 2:30-3:30.

Ongoing clinical supervision is also provided throughout the year, with directed readings focusing in diagnosis, treatment, and residents' areas of interest provided on an ongoing basis. There are two supervision groups available, scheduled on Mondays at 2 pm and Tuesdays at 2pm.

Each supervision group can accommodate up to 3 residents at any given time. The elective can be taken for a full or half year depending on resident interest and availability of space.

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.
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 and Revised: 4/13/17, Danielle Kaplan, Ph.D.*
Comprehensive Sex Therapy Training

Faculty/Staff

- Virginia Sadock, M.D., Director
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- virginia.sadock@nyumc.org
- vsadock@msn.com
- Amy Rosenberg, LCSW, Co-Director
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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 11, 2017
- Through June 11, 2018. 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:

G. **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.

H. **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.

I. **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.

J. **Systems Based Practice**:

K. **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.

L. **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:
- WH Masters, VE Johnson: Human Sexual Responses, Little Brown, Boston, 1966

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, 2/2/17
Correctional Psychiatry

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

NYC Health + Hospitals
55 Water St, 18th floor
New York, NY 10041

Faculty/Staff
• Elizabeth Ford, M.D. 347-774-7145, eford@nychc.org
Chief of Psychiatry, Correctional Health Services (CHS)
Clinical Associate Professor of Psychiatry, NYU School of Medicine
• Robert Roy, MD; Susan Gray, MD; Allison Downer, MD
Supervising Psychiatrists, CHS
• Virginia Barber-Rioja, PhD 347-774-7131, barberv@nychc.org
Clinical Director of Mental Health, CHS

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:
  o Conduct at least 3 comprehensive psychiatric assessments per week
  o Provide ongoing psychiatric treatment for up to 5 patients at a time
  o Work with multi-disciplinary staff, including physician extenders and discharge planning, to formulate and carry out appropriate treatment plans
• **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
o Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
o Dress appropriately for clinical interactions
o 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:**

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

**2. Correctional Psychiatry Research Elective**

**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 elective can be individualized based on resident availability and specific research interest. For example, literature-based projects do not require on-site involvement (except for at least one visit to the jails) while comprehensive data analysis or prospective studies will require significantly more dedicated time. Interested residents should contact Dr. Elizabeth Ford to discuss possibilities after first consulting with the residency program.

**Goals and Objectives:**
**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
Reviewed & Revised: 4/17/2017
Dialectical Behavior Therapy (DBT)

Faculty/Staff
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Description: Residents will participate in co-leading a Dialectical Behavior Therapy (DBT) skills training group for individuals experiencing high levels of emotion dysregulation. Moreover, residents will have didactic lectures on DBT and participate in a DBT consultation team.

DBT is a treatment originally developed by Marsha Linehan in 1993 with the goal of treating chronic suicidality and non-suicidal self-injurious behaviors. It is currently being used to treat Borderline Personality Disorder, Eating Disorders, trauma, and mood disorders. DBT has four modes of treatment: weekly or bi-weekly individual sessions, DBT skills training group, telephone consultation, and team consultation. Residents will have the opportunity to be exposed to the skills training group and consultation team when participating in the rotation.

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

Schedule Residents will need 2 hours per week for 6 months in order to participate in this elective. There is a 1-hour DBT skills group commitment (DBT group currently meets on Wednesdays from 6 to 7pm) and 1 hour of DBT consultation team. Given the nature of the pathology (e.g., fear of abandonment, chronic and persistent chaotic interpersonal relationships, difficulties regulating emotions, and impulsivity), it is recommended that residents work with patients for at least 6 months.

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

A. Patient Care: Residents will demonstrate skills necessary to:
   a) Lead DBT skills training group
   b) Gain an understanding of disorders of severe emotion dysregulation and evidence-based practices to treat them
   c) Assess for risk and manage crises on an outpatient basis
   d) Boundary-setting while treating personality disorders

B. Medical Knowledge: Residents will acquire knowledge of:
   a) The diagnostic criteria and course of personality disorders, specifically Borderline Personality Disorder
   b) The biosocial model of the development of emotion dysregulation.
   c) The interplay between personality traits and mood disorders, trauma, substance abuse, and others
   d) The integration of DBT into other psychiatric practices

C. Interpersonal and Communication Skills: Residents will learn to:
   a) Lead a skills training group
   b) Effectively work with patients with chronic histories of interpersonal difficulties
   c) Balance validation and change techniques
   d) Work within a consultation team
D. **Systems Based Practice:** Residents will:
   a) Understand when to recommend DBT for patients
   b) Learn to advocate for patients with long standing, chronic personality disorders
   c) Determine when to treat patients who are chronically unstable in an outpatient setting versus when to refer patients for a higher level of care
   d) Work with clinicians from different disciplines

E. **Practice Based Learning and Improvement:** Residents will learn:
   a) Psychotherapeutic strategies that enhance other medical practices
   b) The values of a consultation team when working with personality disorders
   c) Provide and receive feedback to and from fellow clinicians

F. **Professionalism:** Residents will:
   a) Demonstrate a non-judgmental stance and interactions with patients with chronic difficulties regulating emotions
   b) Engage with patients and co-therapists in a sensitive, validating, and tactful manner

**Supervision:** Residents will receive 1 hour of supervision (DBT team consultation) per week and on an as-needed basis.

**Readings:**

**Method of Evaluation:** (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.):
- Residents are formally evaluated at the end of the semester with direct feedback from supervisor and other team members. They will also have opportunities to provide feedback to supervisor.

**Reviewed:** February 10, 2017 (no changes), Ariella Vasserman, Psy.D.
Early Childhood Mental Health

Faculty/Staff

- Vanessa Rodriguez, PhD, Bellevue Hospital
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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. 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.

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

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.

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:

M. 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.

N. 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.

O. 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).

P. 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*.

Reviewed and Revised, 2/7/17 Vanessa Rodriguez
Eating Disorders Clinical

Faculty/Staff

Dr. Henry Cheng
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212-685-6856, x 5309

Description: The Renfrew Center-New York offers Partial Hospital and Intensive Outpatient levels of care for female patients (minimum 14 years of age) with eating disorders. Residents will participate in the psychiatric evaluation and treatment of eating disorder patients. In addition, residents will provide medical oversight and participate in multidisciplinary treatment planning. Residents will have the opportunity to observe therapy groups.

Schedule: 3.5 hours minimum per week (1 to 2 hours of direct patient care). Minimum 8 weeks. Elective will be offered at mutually agreed upon time by residents and supervisor.

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 provide psychiatric assessment and treatment for patients with eating disorders admitted to Partial Hospital and Intensive Outpatient levels of care.
   a. Residents will learn about different levels of care and how to determine the appropriate level of care.
   b. Residents will learn to provide psychiatric treatment for eating disorder patients as part of a multidisciplinary team.
   c. Residents will learn appropriate monitoring of medical/laboratory parameters in order to identify and address medical complications of eating disorder symptoms.

B. Medical Knowledge: Residents will acquire an understanding of the potential medical complications associated with eating disorder symptoms. Residents will also acquire knowledge of common psychiatric comorbidities and the appropriate use of psychopharmacology to treat certain eating disorders and comorbid conditions.
   a. Residents will learn to assess medical and psychiatric complications of eating disorders.
   b. Residents will learn about medication to address symptoms as well as comorbid conditions.
   c. Residents will learn about psychotherapeutic approaches to eating disorder patients.

C. Interpersonal and Communication Skills: Residents will enhance their interpersonal and communications skill in a treatment setting that involves multiple disciplines and patients who are often struggling with insight and motivation for change.
   a. Residents will communicate and coordinate with treatment team members and outside providers.
   b. Residents will address patient motivation in sessions with patients.
   c. Residents will provide psycho-education for patients and supporters.
D. **Systems Based Practice:** Residents will work with a treatment team within a larger company that includes multiple sites and levels of care. Residents will also collaborate with outside providers and other professionals and may need to engage patient supporters and family.
   a. Residents will participate in multidisciplinary treatment planning.
   b. Residents will collaborate with other providers and supporters as needed.

E. **Practice-Based Learning and Improvement:** Residents will function as the psychiatric provider in an interdisciplinary treatment team.
   a. Residents will evaluate and provide psychiatric follow-up for eating disorder patients.
   b. Residents will receive supervision and feedback on an ongoing basis.

F. **Professionalism:** Residents will function within the structure of the program and maintain appropriate demeanor, appearance and behavior.
   a. Residents will adhere to program standards, expectations and schedules.

**Supervision:** Residents will receive at least 30 minutes of dedicated supervision time per week. In addition, staff will be available for assistance and supervision, as needed. Some patient contacts and family meetings will be conducted with a supervisor present. Residents will also observe some assessments and follow-up sessions. Supervision will also be provided during interdisciplinary treatment team meeting.

**Readings:** Residents will be assigned or given readings as deemed appropriate to issues discussed in supervision or presenting issues of patients in treatment.

**Method of Evaluation:**
- Online evaluation system: *New Innovations*; discussion of feedback with the resident.
- Direct feedback as appropriate
- Residents will also be expected to give ongoing feedback to supervisors.

*Revised: As of May 2015*
ECT

Faculty/Staff
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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 treatments2) 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.).

Reviewed by, Dr. Patrick Ying, 2/21/17 no changes
Female Psychiatrist Leadership Elective

Faculty/Staff
- **Eman El Gamal, M.D**
- **Director of Psychiatry at Manhattan Psychiatric Center**
- **Phone:** 646-672-6007
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Description
There is a shortage of female psychiatrists in leadership roles especially in institutions and large mental health care organizations. Literature shows that women generally do not aspire to leadership positions in the medical field and when they are awarded these positions they don’t have enough mentorship. The challenges that female leaders face are compounded by how women are viewed in these positions of leadership and how they tend to lead. This was found to be applicable across various fields, not just in medicine or psychiatry.

This is an opportunity for female residents to have exposure to the inner workings and structure of a large psychiatric institution, and to train for a leadership role regarding decision making, policy changes, and clinical management. It is a unique opportunity to see the delivery of care system through an administrative lens. The goal of this rotation is to help potential female leaders build the skills they need, as women, to be successful leaders and to give them the tools needed to overcome the barriers they may face in such a role.

The resident will shadow a female leader in multiple settings and will attend regular daily, weekly and monthly administrative meetings, be a part of the executive staff at the facility, and participate in various core hospital committees. She will participate in a policy review committee to review, update and improve policies in compliance with various regulatory requirements. This will enhance her knowledge of the regulatory requirements for various levels of care whether federal, state or city. The resident will participate in various Medical Staff Organization activities geared towards improving inpatient and outpatient outcomes. She will also be part of clinical reviews of cases that require higher level assessment. The resident will be assigned a quality improvement project and will be required to conduct a systematic review and submit a quality improvement proposal. She will have the opportunity to attend an OMH Field Office and OMH Clinical Directors’ Meetings and interact with other leaders from other similar institutions and various city psychiatric care institutions and providers. And as part of the rotation she will interact with other female leaders in the field.

**Schedule:**
Full time 2 weeks up to 4 weeks rotation schedule permitting. Mon-Fri, 8 am-4:30 am.
Accommodations will be made for lecture schedule.

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

**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 become familiar with administrative aspects that are involved in patient care like regulatory requirements, best practices, policy development and implementation through attending and participating in key hospital committees. The resident will learn how to interact with male dominated disciplines, e.g. male nurse’s aides, male team leaders, and how to neutralize male and female stereotypes in the interdisciplinary team. The resident will also conduct selected clinical reviews of cases that require higher level review.

B. **Medical Knowledge**
The resident will gain more knowledge of best practices in the psychiatric field and ways to implement them systemically by attending committee meetings and clinical reviews that examine evidence based practices and ways to incorporate them in patient care. The resident will acquire an enhanced understanding of the regulatory requirements in various levels of patient care, with particular attention to the integration of medical care into psychiatric care, as well as of diverse gender effects on psychopathology.

C. **Interpersonal and Communication Skills**
The resident will be developing skills to communicate with various disciplines and committee members with the aim to review quality of care and implement policies and procedures. The resident will develop leadership skills specifically required for administrative and leadership roles carried by a female leader as compared to a male leader in institutional and organizational settings. The resident will improve her ability to communicate proposals and the ability to affect change. The resident will improve her organizational knowledge and what is required of leaders in an institution by observing male and female leaders in their daily role.

D. **Systems Based Practice**
The resident will develop better understanding of the intricate systems of care that govern the healthcare field and the various regulatory and supervisory entities involved. The resident will develop more knowledge and understanding of an administrative matrix and the various roles each discipline plays with a specific emphasis on the role of gender in leadership. The resident will develop skills to review systems and develop a specific project. The resident will review different styles of organizational leadership with emphasis on overcoming gender bias and stereotypes. The resident through observation and own practice will learn to explore the resistance from male and female supervisees and peers.

E. **Practice-Based Learning and Improvement**
The resident will improve her ability to examine systematic clinical and administrative outcomes and use data to guide decisions regarding systemic changes of aspects of healthcare. The resident will examine the gender gap in leadership in psychiatry, causes and effects, and learn to use the data in the decision making tree.

F. **Professionalism**
The resident, through observation and personal interactions, will learn professional skills required in leadership and ways of interacting with various level of a hierarchy in an institution. She will improve her skills on effective management while overcoming gender stereotypes and biases. The resident will improve her knowledge of the ethical considerations in management and in administrative decision making. There will be an opportunity to interview a highly placed female clinical leader in the mental health field and to discuss the role of women in leadership positions.
**Supervision:** (Please indicate the number of hours of supervision per week.)
Individually 1:1 one hour per week and in various settings daily by accompanying the Chief of Psychiatry.

**Readings:**

   a. John A Talbott M.D. (Editor), Robert E Hales M.D. (Editor)

2) *Handbook of Mental Health Administration and Management* 1st Edition
   a. William H. Reid (Editor), Stuart B. Silver (Editor), W. Walter Menninger M.D. (Foreword)

3) *Can women have it all? Psychiatry and the gender gap.*

4) *Women chairs in psychiatry: a collective reflection.*

5) Slaughter A-M. *Why women still can't have it all.* The Atlantic. July/August 2012.


7) *Why aren't there more women leaders in academic medicine? the views of clinical department chairs.*

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

- Discussion with resident
- Objective evaluation of the submitted project
- New Innovations

*Prepared by: Eman El Gamal, M.D - 2/15/17*
Faculty/Staff

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- 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:

A. **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

B. **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

C. **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

D. **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

E. **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

F. 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, 1/30/17
Faculty/Staff
Jeremy Colley, M.D.  212-562-3626, jeremy.colley@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: 2

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, 1/30/17*
Forensic Psychiatry, Manhattan Court Clinic

Faculty/Staff
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- Steven Ciric, M.D.  212-374-2952, steven.ciric@bellevue.nychhc.org or steven.ciric@nyumc.org

Address:
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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:

A.  *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

B.  *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

C. 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

D. 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

E. 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

F. 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, 2/13/17 (no changes)*
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
- 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.

*Reviewed by: Lianne Morris-Smith, MD, MA, 2/27/2017 (no changes)*
Gouverneur Health: Integrated Community Behavioral Health with Multicultural Populations

Faculty/Staff
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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:

G. 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.

Reviewed: Hunter McQuistion, MD; 2/10/17 (no changes)
Group Therapy Training Group Elective

Faculty/Staff

Khleber Chapman Attwell M.D.
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Address:
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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:

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**
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.

E. **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.

F. **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.

Reviewed by: Dr. Chap Attwell, 1/30/2017 (no changes)
Inpatient Geriatric Psychiatry

Faculty/Staff
Dr. Dennis Popeo – dennis.popeo@nyumc.org
Dr. Salma Salem – salma.salem@bellevue.hhcnyc.org
Geriatric Psychiatry Fellow (from March – June every year)
Dr. Meera Balasubramaniam – meera.balasubramaniam@nyumc.org

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 or medically ill patients can be challenging. 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 and patients with complex medical and/or traumatic illness who have been hospitalized for their psychiatric problems.

The elective will take place on Bellevue’s 12South, 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: 2

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

- PGY1/2 Residents: full time rotation (Monday-Friday) for 2 weeks.
- PGY4 Residents: 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 your interview style, to communicate effectively with older adults, compensating for hearing, visual and cognitive deficits.
   • Demonstrate awareness of key concepts related to aging that impact the physician’s relationship with the older patient, including:
     a. The concept of resilience with aging, and how adaptation to change is correlated with successful aging.
b. The concept of cohort effects related to the events/values/experiences of the time period during which the older patient matured.
c. The concept of co-morbidity with aging, and how multiple medical co-morbidities impact the evaluation of the older patient.

- 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.
- Describe the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.
- Evaluate caregivers for caregiver stress

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.
- Discuss the various presentations of psychiatric disorders in the elderly, and the impact on functional status, morbidity and mortality.
- Describe the interplay between general medical conditions and psychiatric illness.
- Recognize maladaptive responses to psychosocial changes
- Screen for elder abuse.

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.
- 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.

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 sensitivity and responsiveness to patients’ culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings, and sexual orientation.
- Demonstrate teamwork.
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.

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

• One hour case conference a week with Dr. Popeo

• Ongoing on-site supervision by attending staff at Bellevue’s 12South.

• 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.).

Revised: 6/2017, Dr. Meera Balasubramaniam & Dr. Dennis Popeo
Integrated Care

Faculty/Staff

- **Gordon Frankle, MD, Chief of Psychiatry, NYU Lutheran**
  - 718-630-7174, William.frankle@nyumc.org
- **Tim Stroupe, MD, Deputy Chief of Psychiatry, NYU Lutheran**
  - 718-630-8431
- **Jaskanwar S Batra, MD, Medical Director, Ambulatory Behavioral Health Services, NYU Lutheran**
  - 718-431-2606
- **Yelana Davydov, MD**
  - 718-630-8234

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

This elective will provide PGY4 residents the opportunity to participate in integrated care within the NYU Lutheran Family Health Center. The ambulatory behavioral health program of the NYU Lutheran Family Health Center includes social workers based across seven primary care clinics throughout Brooklyn.

These include the following clinics:
- Sunset Park Family Health Center
- Park Ridge Family Health Center
- Park Slope Family Health Center
- 5610 2nd Avenue Pediatrics
- 5610 2nd Avenue Women’s Health
- Caribbean American Family Health Center
- Sunset Terrace Family Health Center

Residents will collaborate with the behavioral health social workers in these primary care clinics, spending 1 day per week at a clinic, with the option to rotate through different clinics week-to-week. Residents will review the case list with the social workers, provide feedback on the treatment plan, provide ‘curb side’ consultations to the primary care team and assess whether patients require a higher level of psychiatric evaluation and/or treatment. Patients in need of a higher level of care will be referred to the NYU LFHC Sunset Terrace Clinic.

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).

- PGY-4 schedules are flexible and based on the resident’s goals. At minimum, residents should be able to commit to 1 day/week for 3 - 6 months, but a range of schedules is possible.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:
A. Patient Care
   b. Interview patients and perform psychiatric assessments as needed. Upon review of the caseload with the behavioral health social worker residents will determine which cases may need further assessment by a psychiatrist. Residents will perform assessments they deem necessary and provide feedback to the primary care team. In collaboration with the attending supervisor, residents may elect to directly refer cases to a higher level of care based on review of the case with the social worker.
   c. In collaboration with the behavioral health social worker and the primary care team, develop and add to the treatment plans for patients in the clinic.

B. Medical Knowledge
   a. Gain experience in working with other mental health care professionals and primary care physicians to provide mental health care to patients in a primary care setting.
   b. Increase experience in facilitating communication, collaboration and treatment between providers.
   c. Gain experience in working with other health care provides to enable them to better benefit from the expertise of trained behavioral health specialists.
   d. Increase knowledge of standard psychiatric rating scales for depression, anxiety and psychosis.

C. Interpersonal and Communication Skills
   a. Interact with patients with varying degrees of mental illness and communicate effectively with their primary care treatment team, serving as a liaison to the psychiatric service, when needed.
   b. Work effectively with a multidisciplinary team including primary care physicians, behavioral health social workers, nurses, and medical social workers.

D. Systems Based Practice
   a. Understand the role of co-located behavioral health providers in the primary care setting.
   b. Work alongside the primary care team, in conjunction with behavioral health social workers, to improve the coordination of psychiatric care and develop appropriate treatment plans for patients.
   c. Gain experience in understanding the power of expanding psychiatric services to patients via the integrated care model.

E. Practice-Based Learning and Improvement
   a. Receive one-on-one attending supervision and feedback.
   b. Develop an appreciation for behavioral health issues that arise for patients, staff, and families in the primary care setting.

F. Professionalism
   a. Engage patients in a manner that is both tactful and sensitive.
   b. Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers.
   c. Demonstrate sensitivity and responsiveness to each patient’s gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

Supervision: 1 – 2 hours per week.
**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.

*Prepared by: William Frankle, MD - 2/9/17*
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 how to design a research project, covering the process from an idea to a study. Specific issues such as how to formulate a hypothesis, the specific design and how to choose assessment instruments will be covered. They will learn to use psychiatric rating scales (PANSS, CGI, Hamilton-Depression and Young Mania Scale), receive 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 literature review, or a clinical case report and writes up 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 gaba-ergic mechanisms 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 gaba-ergic mechanisms), 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) They will attend 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 and twice weekly research meetings
- 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, February 11, 2017*
Faculty/Staff

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

Description

This elective offers opportunities to evaluate and treat psychiatric 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. Residents will gain a greater understanding of how cultural factors influence diagnosis, doctor-patient relationship, and treatment. 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:
PGY1/2 Residents: full time (Monday-Friday) for 2 weeks
PGY4 Residents: 1 month, 20 hours per week, at a minimum

Goals & Objectives by Core Competencies:

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

- **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.

- **Interpersonal and Communication Skills**: Demonstrate the ability to communicate with Latino 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 and linguistically competent way with Latino patients and their families in Spanish.
• Receive collateral information from families and providers of out-patient services.
• Attend family meetings.
• Learn skills of team work and problem solving.

• **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.

• **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

• **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*; in person discussion of resident’s work

*Reviewed by, R’el Rodriguez, 5/3/17*
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, 2/10/17 (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.

*Reviewed by, Andrea Kondracke 3/15/17, no changes*
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 Reflection Seminar (Food for Thought Group):**

  This group is called Senior Resident Reflection 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 8-9 clerks and help them to discover that appreciating 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 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 clerkship block 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).

- **6-12 month 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 undergraduate medical education curriculum at NYU (C21). 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 may also assist with administrative decisions within the program.

- **Example of Project for 2017:** Developing a four week medical student Selective in Addiction Psychiatry with a focus on Alcohol Use Disorders

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

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

**Goals (overall learning aims for the electives) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies** – Depending on the Elective Chosen

**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 or TBL based vignettes
- Residents may serve as lecturers and/or 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:*
- help develop new curricula
- teach lectures and seminars
- write and/or grade examination questions
- lead journal clubs aimed at the UME level

**C. Interpersonal and Communication Skills**
*Goal:*
- Residents will learn to be an effective lecturer/seminar leader

*Objectives:*
- Residents will improve their teaching and supervisory 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:*

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- 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, 2/14/17*
Faculty/Staff:
- Barbara Bartlik, M.D. (212-866-2715, 917-570-4017) barbara.bartlik@omh.ny.gov

Description:
This elective will introduce residents to the scientific principles behind the use of micronutrients 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 therapy can augment the effect of psychiatric medication and reduce adverse effects.

Micronutrient levels are affected by many medications. For example, oral contraceptives, 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 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. High-quality methylated B vitamins, mitigate the consequences of polymorphisms such as MTHFR defects, that are common in patients with mental illness. Inositol, a B vitamin synthesized by gut bacteria, ameliorates anxiety, agitation, and insomnia.

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. Residents will gain experience in prescribing different forms of magnesium which vary in absorption and their effect on the bowel. They also will learn about the intricacies of measuring serum and RBC magnesium levels. Like magnesium, n-acetyl cysteine (NAC) is a modulator of the NMDA receptor. NAC is beneficial in treating trichotillomania, OCD, negative symptoms of schizophrenia, and depression.

Residents 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. Frequently, the dose of psychiatric medication must be reduced. Residents will learn when and how to supplement with thyroid hormone, probiotics, digestive systems, vitamin D3, and omega 3 fatty acids.

The rotation will be held at the 125th Street Clinic of Manhattan Psychiatric Center at 163 West 125th Street and Seventh Avenue. 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. Many severely and chronically mentally ill patients at our clinic have been helped with the addition of micronutrients. In many cases, patients need less medication when taking micronutrients, and their symptoms improve while their dose of psychiatric medication remains unchanged. This could lead to cost savings as well as improved quality of life. The resident may choose to write up some of these cases and prepare them for publication.

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 in addition to psychiatric medication.
   • 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.
   • 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. Students who did rotations with her 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 the 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 contributing 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:

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, February 14, 2017
Description: The Steven and Alexandra Cohen Military Family Clinic provides pro bono mental health care to veterans (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, eight 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 veterans and military 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 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), TBI 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. 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 1-2 cases and more depending on resident’s interest.

Additional opportunities include co-leading psychotherapy groups (e.g., Distress Tolerance, adult ADHD group). The resident will have the option to attend weekly case presentations, couples therapy group supervision, training didactic seminar, and journal clubs when able. This experience is limited to 3 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 2-3 hours per week, although hours could increase depending on residents interest during months when resident has more elective time (i.e. months when not in inpatient unit or C/L rotation).
- 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:** 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.

B. **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.

C. **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.

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

E. **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.

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.)

- 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: Feb 8, 2017, Dr. Amanda Spray*
Mobile Crisis Unit

Comprehensive Psychiatric Emergency Service

Faculty/Staff

- Kate Maloy, MD, CPEP Director, Katherine.maloy@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, as well as chronic schizophrenic patients, agoraphobic patients, conduct-disordered teenagers, perpetrators and victims of both domestic violence and neglect, and patients with dementia. 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:
   - Interview patients, perform mental status examinations, and assess risk in non-traditional clinical settings
   - 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. 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 team members.

Reviewed & Revised: Dr. Rebecca Lewis, 4/17/2017
Faculty/Staff

Lindsey Gurin, MD
Phone: 212-263-3210
Email: Lindsey.Gurin@nyumc.org

Description:

The Rusk Rehabilitation Brain Injury Inpatient Program at the Hospital for Joint Disease (HJD) offers a unique opportunity for residents to participate in the multidisciplinary care of patients admitted to acute rehabilitation with a wide range of neuropsychiatric disturbances following structural brain injury. Through this elective, residents will become familiar with the disorders of mood, thought, and behavior that accompany recovery from such diagnoses as traumatic brain injury, intracerebral hemorrhage, stroke, hypoxic-ischemic injury, brain tumors, and limbic encephalitis, among others. Residents will learn evaluation and management strategies for the unique clinical challenges of this population.

If interested, during the elective residents may also gain experience managing these and other neuropsychiatric issues in the outpatient setting in Dr. Gurin’s cognitive neuropsychiatry clinic at the NYU Pearl Barlow Memory Center.

The elective is flexible, offering exposure to a broad range of patients, and can be tailored to the individual resident’s interests. Some potential areas of focus include:

- Psychiatry consultation to neurology patients
- Behavioral neurology evaluation of patients with complex cognitive and language disorders
- Disorders of consciousness and the minimally conscious state
- Outpatient management of patients with acquired brain injuries and dementia

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

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

- PGY-1, 2: full time (M/T/W/Th/F, 8:45a – 4p).
  - There are two optional half-day clinics (Monday afternoon and Tuesday mornings): residents may choose to attend one or both of these, or use the time to follow up on patients at HJD or study independently.
  - Electives as short as one week are possible, though a minimum of two is desirable to see the breadth of the neurorehab population as well as the longitudinal course for different patient subtypes.
- PGY-4 schedules are flexible and based on the resident’s goals. At minimum, residents should be able to commit to 4 hours/week for 2 weeks but a range of schedules is possible.

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
   a. Interview patients and perform neuropsychiatric mental status and focused neurologic examinations
   b. Develop biopsychosocial formulations taking into account specific brain pathology as well as the unique psychosocial issues common to this population, and develop treatment plans based on these formulations
   c. Appreciate the role of acute neurorehabilitation for patients and their families following a severe brain injury

B. **Medical Knowledge:** Residents will
   a. Develop and use neuroanatomic localization skills to interpret a focused neurologic exam
   b. Improve skills in reading commonly encountered neuroimaging studies.
   c. Gain experience connecting neuropsychiatric symptoms to underlying neuroanatomy through exposure to patients with a variety of focal brain lesions.
   d. Become familiar with the neuroactive medications used in the rehabilitation setting and their unique indications for symptom management and facilitation of neurorecovery in this population.

C. **Interpersonal and Communication Skills:** The resident will learn to
   a. Interact with patients with varying degrees of cognitive impairment and neuropsychiatric disability and communicate effectively with their families.
   b. Work effectively with a multidisciplinary team including rehabilitation physicians, physical therapists, speech therapists, occupational therapists, neuropsychologists, nurses, and social workers.

D. **Systems Based Practice:** Residents will
   a. Understand the role of acute neurorehabilitation in the care pathway for patients with acute neurologic injuries
   b. Work alongside the primary rehabilitation team, psychologists and rehabilitation therapists to coordinate medical and neuropsychiatric care and develop appropriate treatment plans for patients.

E. **Practice Based Learning & Improvement:** The resident will
   a. Receive one-on-one attending supervision and feedback in real time while seeing consults and during daily teaching rounds
   b. Develop an appreciation for the unique psychodynamic issues that arise for patients, staff, and families in the neurorehabilitation setting

F. **Professionalism:** Residents will
   a. Engage patients in a manner that is both tactful and sensitive
   b. Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers
   c. Demonstrate sensitivity and responsiveness to each patient’s gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

**Supervision:** 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. Some potentially relevant papers include:


**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.

*Created: Lindsey Gurin, MD*
*Updated: February 9, 2017*
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

A. 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
B. 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

C. 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.

D. 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)

E. 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

F. 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 1/30/17, Dr. Brunhild Kring (no changes)
NYVA Opiate Treatment Program

Faculty/Staff
Brian F Sands MD
  • Brian.Sands2@va.gov
Grace Hennessy MD
  • Grace.Hennessy@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, 2/10/2017
Primary Care Consultation 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, 1/30/17
Faculty/Staff
- Asher Aladjem, MD; 212 562-2527; asheronladjem@nyumc.org
- Hudson Elmore, MD; hudson.elmore@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 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](http://www.new-innov.com/nyu).

*Reviewed & Revised: Dr. Melba Sullivan, 2/10/17*
Project for Psychiatric Outreach to the Homeless (PPOH)

Clinical Rotation in Homeless Psychiatry

Faculty/Staff:
Glen Davis, MD, Assistant Medical Director for Education, Janian Medical Care

Janian Medical Care/Project for Psychiatric Outreach to the Homeless
198 East 121st Street
New York, NY 10035
Office: 212.803.2727
Mobile: 646.445.9066
Fax: 646.678.2568

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 commit three hours per week to an agency for a minimum of one year for PGY-3 and four 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.

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 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

H. 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

I. 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

J. 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

K. 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

L. 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.
• Residents are also asked to evaluate the elective, the site, and their supervisors.

Reviewed: Dr. Joanna Fried, 1/30/17
Outpatient Screening/Advanced Evaluation

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):

This elective will cover the basics of outpatient evaluation, focusing on telephone screening patients for the outpatient evaluations.

Number of Residents on the elective at any given time: Up to 5 residents at the same time – There is significant flexibility in terms of residents.

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

Approximately 2-3 hours per week. One hour will be designated for screening potential patients for the outpatient clinic, another for supervision. An additional hour can be used for potential evaluations. Supervision will cover screening of patients and other issues pertinent to setting up an individual or private practice after graduation.

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

A. Patient Care

Goal

- PC1: 3.2/A Performs efficient interview and examination with flexibility appropriate to the clinical setting and workload demands
- 4.1/A Routinely identifies subtle and unusual findings
- 4.2/B Follows clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances
- Objective: The resident will be able to screen and identify appropriate patients for the outpatient program, and perform more difficult evaluations.

B. Medical Knowledge

Goals:

- MK2 - 4.4/C Demonstrates sufficient knowledge to systematically screen for, evaluate, and diagnose common medical conditions in psychiatric patients, and to ensure appropriate further evaluation and treatment of these conditions in collaboration with other medical providers
- MK6 - 2.3/C Describes how to keep current on regulatory and practice management issues
- 3.2/B Describes applicable regulations for billing and reimbursement
- Objective: Residents will be able to understand practice management at the level of an individual practitioner.
C. Interpersonal and Communication Skills
Goals:
- ICS2- 4.1/A, B Demonstrates effective verbal communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent
- 4.3/C Uses discretion and judgment in the inclusion of sensitive patient material in the medical record
- 4.4/C Uses discretion and judgment in electronic communication with patients, families, and colleagues
- Objective: Resident will be able to facilitate screening as well as coordination with the third year evaluators.

D. Systems-Based Practice
Goals:
- SBP2 - 2.2/A Knows the relative cost of care (e.g., medication costs, diagnostic costs, level of care costs, procedure costs)
- 3.2/A Coordinates patient access to community and system resources
- 4.2/A Balances the best interests of the patient with the availability of resources
- Residents will be able to identify resources in the community when screened patients are not appropriate for this program

E. Practice-Based Learning and Improvement

F. Professionalism
Goals
- PROF2 - 3.2/A Routinely displays sensitivity to diversity in psychiatric evaluation and treatment
- 3.3/B Recognizes ethical issues in practice and is able to discuss, analyze, and manage these in common clinical situations
- Objective: Residents will be able perform advanced evaluations with the highest of ethical standards.

Supervision: (Please indicate the number of hours of supervision per week.)
- Indirect Supervision is provided weekly.

Readings:

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

Reviewed: Patrick Ying, MD, 2/21/2017 (no changes)
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, 2/10/17 (no changes)
Psychoanalytic Psychotherapy

Faculty/Staff
Arthur Lew, M.D.
Clinical Professor of Psychiatry
212-410-5344 A LewNR@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, 1/30/17 (no changes)*
The Psychodynamics of Leadership and Organizations

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

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, 1/30/17 (no changes)
Reproductive Psychiatry

Faculty/Staff

- **Marra Ackerman, MD, Director of Women’s Mental Health, NYU Langone Medical Center**
  - 646-754-4750, Marra.Ackerman@nyumc.org

- **Cathy Kondas, MD, Program Director, NYU Women’s Mental Health Fellowship**
  - 212-562-2526, Cathy.Kondas@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 perimenopausal mood disorders, though the majority of patients seen will have perinatal psychiatric disorders. Patients are referred to the Reproductive Psychiatry Program at One Park (Ackerman) for consultations and for ongoing treatment. 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. They also have the opportunity to participate in a weekly journal club at Bellevue with the Women’s Mental Health fellow and fellowship director, Dr. Cathy Kondas, 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).

- There will be clinical rounds at Tisch Hospital on Monday afternoons, 1-2:15.

- Consultations will be scheduled by the residents directly at 1 Park who will coordinate with Dr. Ackerman.

- There may be an opportunity to co-lead group psychotherapy with Dr. Ackerman with a group of pregnant and post-partum patients (currently biweekly Mondays 5:15-6:30).

- Residents are also expected to spend 1-2 hours per week on reading and write-ups.

- PGY4 Residents can spend a minimum of 8 weeks doing this elective (4 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:
   - Diagnose psychiatric disorders that present in relation to the reproductive lifecycle.
   - Outline a treatment plan, including psychotherapy and psychopharmacologic options, to the patient and family.
   - 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:
   - Discuss key features of reproductive-related psychiatric disorders
   - Discuss the data available on the use of medications and different types of psychotherapy in pregnancy and lactation.
   - 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:
   - Establish a therapeutic alliance with the patients and their support system.
   - Explain complicated risk/benefit decision making with patients and their support system.
   - 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:
     - Locate and discuss the best data available for particular patient problems
     - 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:
   - 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.)
- At Bellevue on-site attending supervision takes during clinic session. Supervision occurs at each patient visit.
- At 1 Park, supervision occurs during weekly conference and as needed individually with Dr. Ackerman (on average once a month).
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: Marra Ackerman 2/14/17
Substance Abuse Education Group on Adolescent Inpatient Service

Faculty/Staff

- **Lesha Shah, MD Inpatient Adolescent Psychiatry, Bellevue Hospital**
  - 212-562-7280 [Lesha.Shah@nyumc.org](mailto:Lesha.Shah@nyumc.org)
- **Denix Oktay, LCAT for Adolescent Psychiatry, Bellevue Hospital**
  - [Deniz.Oktay@bellevue.nychhc.org](mailto:Deniz.Oktay@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. Shah.

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
- 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:

A. **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
B. 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.

C. 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.

D. 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.

E. 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

F. 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. Lesha Shah 2/3/17
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 of residents in the elective*

*Reviewed and Revised by Dr. Richard Hersh, 2/1/17*

**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......
   - The theory of personality organization that informs the psychodynamic treatment of personality disorders.
   - The technique of structural interviewing and the assessment of personality organization.

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

C. **Interpersonal and Communication Skills**: Participants will learn......
   - How to discuss issues of diagnosis and treatment planning with personality disorder patients and their families.
   - 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......
   - 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.
   - 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......
   - To recognize ethical / legal issues which arise in the treatment of personality disorder patients and how to manage the same.
   - 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......
   - 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.
   - 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 of residents in the elective*

**Schedule of Meetings (subject to change):**

- Tuesdays 4:00 p.m. to 5:30 p.m. (July 2017 through June 2018)

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

1. **July 11**
   - Overview of Course

2. **July 18**
   - TFP Training in Residency

3. **August 15**
   - Borderline Personality Organization - Assessment

4. **August 22**
   - Borderline Personality Organization - The Syndrome

**Transference-Focused Psychotherapy for Personality Disorders**

5. **August 29**

6. **September 5**
7. September 12th


8. September 19th


9. October 3rd


10. October 10th


11. November 7th


12. November 14th


13. November 21th


14. November 28th


15. December 5th

Narcissistic Pathology

16. December 12th


17. January 2nd 2018


18. January 9th


19. January 23rd


Alternative Approaches

20. February 6th Mentalization-Based Therapy (MBT)


21. February 13th Dialectical-Behavioral Therapy (DBT)


22. February 20th General Psychiatric Management (GPM)

**Reading:** Gunderson, J., Palmer, B. (2014) *Good Psychiatric Management for BPD: Overview for NEABPD*

23. March 6th Supportive Psychotherapy


24. March 13th Commonalities of Treatments


Transference-Focused Psychotherapy, Revisited

25. March 20th

26. March 27th


28. April 3rd


29. April 10th


30. April 17th


31. April 24th


32. May 1st


33. May 8th

34. May 15th


35. May 29th


36. June 5th


Reviewed and Revised: Dr. Richard Hersh, 4/17/17
Faculty/Staff

- Norman Sussman, MD, Norman.sussman@nyumc.org
- Location: One Park Avenue, 8th Floor,
- Time: Mondays: 8am - 10:30am and Tuesdays, 8am - 12pm; an evening may also be possible on an ad hoc basis with advance notice.

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: 2/10/17, Dr. Norman Sussman (no changes)*