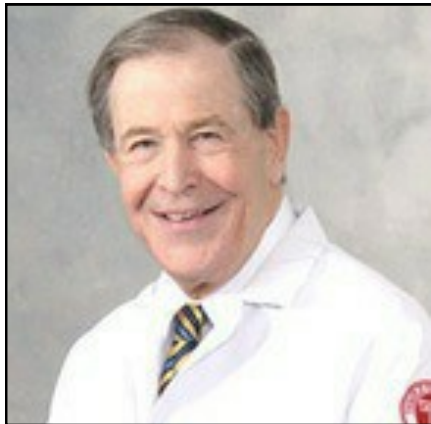
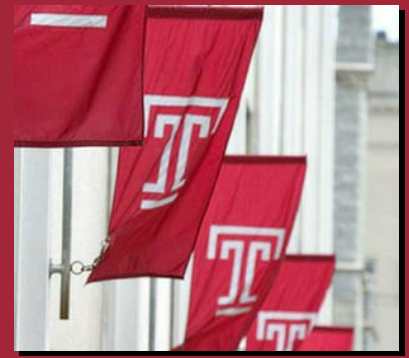


TEMPLE UNIVERSITY

DEPARTMENT OF PSYCHIATRY

NEWSLETTER SPRING 2019



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LETTER FROM THE CHAIRMAN

The issues of physician burnout and physician well-being have become dominant themes in healthcare over the past several years. Credentialing agencies are beginning to focus on these concerns. The Accreditation Council of Graduate Medical Education (ACGME) has already moved aggressively forward with standards for residents and faculty. Increasingly, studies illustrate the economic cost of burnout to the healthcare system. Burnout is described as a syndrome of emotional exhaustion, cynicism, and decreased efficiency at work. In contrast to burnout, there is also a great deal of emphasis on physician and resident well-being. The American Medical Association published a monograph entitled *Creating the Organizational Foundation for Joy in Medicine* with the goal of health systems building a more engaged, satisfied physician workforce which in turn will provide better, safer, and more compassionate care to patients.

Clinical departments at Temple have been tasked with developing wellness programs for both residents and faculty in order to promote well-being and minimize burnout. Under the direction of Dr. Jessica Kovach and a resident committee, a robust wellness program

is evolving in the Department. Becky Wu, M.D. was the Chair of the committee last year and had a major role in the implementation of the program. This year Allison Loudermilk, D.O. is the Chair and continues to help guide the growth of the program. I would like to list all of the residents that have contributed in many ways to the outstanding program that we now have, but that would include listing almost all of the residents in the Department. They all have participated in making this a successful effort.

The types of programs recommended for wellness are extensive and varied. In our Department, the approach to wellness is diverse, and the development and implementation process occurred over the past two years. A resident and faculty Wellness Committee was formed. First, we surveyed residents and created a committee mission statement. The mission of the wellness committee is to decrease overall burnout and increase wellness and resilience in our residents by examining and addressing factors specific to our program which contribute to resident burnout.



LETTER FROM THE CHAIRMAN, CONT.

We conducted a needs assessment via focus group at our annual resident retreat and anonymous resident survey. Using data from the survey we created a "priority list" of items which our residents feel contribute most to burnout in the residency and items which would help protect them from burnout.

Completed items of the Committee included: creation of a Didactic Revision Committee to decompress our most stressful day of the week; increasing team-building and bonding activities such as brunch and book club; decreasing stress through low-cost yoga and mindfulness (attended by both faculty and residents); environmental improvements in the call room; creation of monthly, voluntary process group space for discussion of difficult clinical cases; discussion of our national ACGME resident and faculty wellness data. Next goals include creation of a resident lounge area adjacent to the call room, monitoring progress of ongoing items, and monitoring and addressing what we anticipate will be annual ACGME wellness data. There have been four Grand Rounds presentations in the past two years related to wellness issues with outside speakers.

Several initiatives for the faculty were implemented as well. Faculty members are encouraged to participate in national meetings related to their areas of interest in order to develop a more global view of academic psychiatry and to learn what successful programs other Departments have implemented. Each year the faculty and residents celebrate together in a social setting at the following events:

- Intern welcome barbeque
- Residency graduation
- The annual holiday celebration
- The Benjamin Rush Reception which is an annual reception held by the Philadelphia Psychiatric Society. Temple always has the largest turnout with almost the entire faculty and almost all residents attending.

There is a small faculty committee constantly exploring ways to minimize the stress of the electronic medical record EPIC and to simplify the work process. Suggestions are always solicited and discussed at faculty meetings. A number of changes have been effective, and currently faculty members are adding Dragon voice recognition software to their computer as this significantly decreases the amount of documentation time. Faculty members were recently invited to participate in a stress reducing Yoga class with the residents, and 1/3 of the faculty participated. The Department produces a newsletter three times a year which celebrates the successes of the faculty and the residents. This newsletter goes out to the Temple faculty, Departmental alumni, and to Department volunteer faculty.

Over the next several years the Department will continue to expand these programs and focus on well-being. The widespread participation of residents and faculty members has been gratifying.

William Dubin, M.D.

Chair, Department of Psychiatry

LETTER FROM THE PROGRAM DIRECTOR



First and foremost, I am excited to announce the Class of 2023! We are very happy to have matched eight excellent applicants from a variety of schools and backgrounds. Our new intern class is comprised of Caesar Imperio M.D. Ph.D., Holly Jordan M.D.,

Janet Lee M.D., Terry Lok M.D., Ashby Mammen M.D., Divya Patel M.D., Jeremy Sharma M.D., and Jacob Weiss M.D.

While residency recruitment is an important and exciting aspect of any program directors' job, recent years have proven to be very exciting for Psychiatry Residency Directors. Over the last five years, the popularity of psychiatry among US students has skyrocketed. The number of US MD students who match into psychiatry has increased from 685 in 2014, or 4.2% of graduates, to 1,054 in 2019, representing 5.9% of graduating students. The number of psychiatry positions in the match has increased but not at the same pace (1353 in 2014 to 1740 in 2018). In 2018, among students who applied to only one specialty, psychiatry was the specialty with the highest rate of unmatched US students (13.6% did not match). This, coupled with rising average specialty board scores, has prompted many to ask "Is psychiatry the new dermatology?" And, more importantly, why is psychiatry "the new dermatology"?

The data we have associate certain factors with a higher likelihood of choosing psychiatry. Those factors are female sex, personal or family history of mental illness, early exposure to the field of psychiatry, longer

psychiatry clerkships, and a positive perception of psychiatry by other disciplines at one's medical school. A 2017 study by Goldenberg, Williams, and Spollen looked at data from the Association of American Medical Colleges' (AAMC) medical school entrance and graduation questionnaires. This study showed that students who planned to go into psychiatry on entering medical school had the highest stability of career choice throughout their school years and continued to pursue psychiatry as their career choice through graduation. Psychiatry also showed the second highest increase in popularity as a future specialty choice over the course of medical school (behind only urology). Factors associated with choosing psychiatry as a future career included rating the psychiatry clerkship as excellent, an undergraduate major in psychology, reporting work-life balance as a strong influence, being 27 or older at medical school matriculation, reporting educational debt as having no influence, having substantial undergraduate interaction with LGBT individuals, and having taken psychology and English literature for personal interest. Students who took undergraduate biochemistry or advanced general chemistry for "personal interest" were less likely to choose psychiatry.

While we know certain factors are associated with the choice of psychiatry as a future specialty, what we do not know is why students are choosing psychiatry over other specialties. One possibility is that students are more likely to choose a specialty that they feel is conducive to a balanced lifestyle. Certainly they must notice that psychiatrists tend to be less burnt out and more satisfied with work-life balance than the average physician. However, I think the situation is more complex. The AAMC began requiring medical schools to pay attention to mission-appropriate diversity over 10 years ago. The AAMC's admissions holistic review project began around the same time. It is possible that

LETTER FROM THE PROGRAM DIRECTOR, CONT.

this process led to the recruitment of more students with psychology and other liberal arts backgrounds, who then in turn may have been more inclined towards psychiatry. During this same time period, stigma towards psychiatry has decreased in popular press and in many (but not all) subcultures and regions, recognition of the nationwide shortage of psychiatrists has increased, and exciting advances in neuroscience promise better future psychiatric treatments. Finally, we frequently hear from students who say that they entered medical school thinking that they would go into primary care, “but then I realized that family practitioners, pediatricians, and internists do not have any time with their patients.” Students often will report a version of “In other specialties, I realized that talking to patients is a hindrance to the physician’s day, and in psychiatry, it is the heart of it.”

The results of this increase in recruitment remain to be seen. Certainly, program directors are struggling with screening large numbers of applications, and applicants are struggling with the expense and time needed to apply to an average of around 40 programs per applicant. Declining numbers of international medical graduates applying to and matching into psychiatry means more uncertainty for both fellowships and community psychiatry agencies, since international medical graduates are more likely to work in those settings after completing residency. Certainly, with a surplus of applicants and a nationwide psychiatry workforce shortage, our specialty would do well to address the complex financial and political factors that prevent an adequate increase in the number of residency training slots.

Regardless of the associated factors, reasons, and downstream results of the increase in psychiatry recruitment, I am overjoyed with the success of our recruitment season and match. Our recruitment represents an energetic effort by our entire department. We could not be successful without the contributions of our own residents and faculty. Thank you!

Sources:

Goldenberg MN, Williams DK, and Spollen JJ. (2017). Stability of and Factors Related to Medical Student Specialty Choice of Psychiatry. *Am J Psychiatry*, 174(9), 859-866.

NRMP. (2019). *Advance Data Tables. 2019 Main Residency Match®* [PDF file]. Retrieved from <http://www.nrmp.org/main-residency-match-data/>

Jessica Kovach, M.D.

Director of Residency Training

UNDERSTANDING PRACTICAL PSYCHIATRY: INSIGHTS



The power of words — amazing! As a child is beginning to match sounds (words) with actions, intentions, and the body language of the person who uttered those words, positive or negative impressions can form. For example, take the word

“hug.” If a child associates “hug” with an angry, threatening, immobilizing event, there will always be a dichotomy as to the meaning of that word in the distant memory banks of that individual. For most of us, happily, the association to “hug” is one of affection, safety, warmth, and caring.

As we all know, words can start and end wars, lead to violence or to love, cause security or fear, and even trust versus paranoia. All of us can remember when words brightened our day, gave us a sense of pride, encouraged us to go forward or deflated our self-esteem, led to shame or embarrassment, or may have even caused us to flee.

In all of medicine, but I believe more so in psychiatry, words are one of our most important tools. As we take a history, we must look at how the words that we are choosing influence our patient. In addition, we must be cognizant of our vocal tone and volume, facial expressions, and body language — all of which can influence how our patient interprets the meaning — overt and covert — of our words. Knowing the patient’s

history in depth, his or her failures and successes, traumas lived through successfully or not, will assist us in developing insight into the words that we choose.

As therapy progresses, are we using words to confront, soothe, educate, confuse, or desensitize our patient? If one would ask me how trust is formed in general and in therapy specifically, I would say that it is based upon consistency over time. Trust may be positive or negative — are we helpers or “hurters?”

If one subscribes to the above, it puts a burden — but I think a positive one — upon the therapist. We must try to understand the words we are using and the effect we are hoping to achieve. To use words to bolster our own ego, minimize the patient, or make them submissive is a mistake. Patients demonstrate to us why they need our help. The words we choose can be welcoming, sincere, anxiolytic, or the opposite. They can drive patients away, increase their dysphoria, or do the opposite. The same is true in our private lives, as well.

I read somewhere that English has the most words of any language.

Choose wisely.

Roy Steinhouse, M.D., LFAPA, FCPP
Associate Chair and Professor

FACULTY SPOTLIGHT: NATASHA DALSETH, M.D.



The first class of Temple University's Physician Assistant (PA) program graduated in August 2018. Dr. Natasha Dalseth provided the students with the opportunity to translate their didactic experiences into clinical learning during their psychiatry rotation at Episcopal Hospital. Dr. Dalseth has used her experiences with Temple medical students to create role-specific learning objectives for our collaborative allied health professionals in training. She communicates that "It is important for PA students to recognize the importance of psychiatric symptoms and the medications in all of their patients." She emphasizes a focus on medication interactions and side effects. Clinical experiences are guided to help PA students identify blind spots in terms of experience with psychiatric care and treatments.

Dr. Dalseth notes that building trust with patients with severe mental illness comes with its own challenges, and she wants to provide her students with various approaches so that they never feel at a loss. As such, she guides her students through seeing a psychiatric patient, figuring out how to diagnose medical issues, and building a rapport with the patients that they see regularly. With improved communication, medical complications are not missed, and the patients will receive excellent care. Her hope is that this opportunity will promote cognizance among students, so they will give their full attention to the medical complaints and needs of patients with psychiatric diagnoses.

Physician Assistant students, in turn, have been able to give time to patients, and this has had a good response from Dr. Dalseth's patients. The patients report that the students are able to listen to them for a long time and talk to them about topics other than symptoms. These conversations have led to an increased depth in understanding the patients' needs which has resulted in out-of-the-box thinking and novel suggestions during treatment teams!



Written by Calvin Foo, M.D.

ADJUNCT FACULTY SPOTLIGHT: SUZANNE BENSER, M.D.



Dr. Suzanne Benser has 26 years of clinical experience in the private practice of psychiatry, psychotherapy, and psychoanalysis, and she has been using her vast experience as a Clinical Assistant Professor with the Department of Psychiatry to educate and supervise residents since 2011. She has multiple recent publications in the field of psychoanalysis, and she is immersed in teaching and supervising psychotherapy and psychoanalysis in the greater Philadelphia region as a faculty member of the Psychoanalytic Center of Philadelphia (PCOP). As someone who is deeply interested in social justice issues, she is also spearheading the Youth Psychotherapy Program to provide psychotherapy in Philadelphia high schools for at risk youths (students from multiple foster home placements, students who dropped out and re-entered the school system). She is happy to report the program is thus far showing statistically significant results in symptom reduction and interpersonal functioning for these youths. She received PCOP's Outstanding Service Award last summer for her work overseeing and developing the program.

As the daughter of an engineering consultant, Dr. Benser grew up moving to a new city (and often a new country!) nearly every year in her youth, but now calls Philadelphia her home. Dr. Benser believes her early travels led to her interest in understanding the human mind and ultimately to her interest in psychiatry. She constantly asks "how we get to be who we are, what do we have in common, what makes us different, and how do we connect?" She read a vast array of books as a young person that helped to shape her interest in the human mind, from Freud and other psychoanalysts to Victorian literature by Charlotte and Emily Bronte. She received her undergraduate degree in biology from the University of North Texas and continued on to receive her medical education at Texas Tech University. She moved to Philadelphia to complete her psychiatry internship at Pennsylvania Hospital and her residency training at the Institute of Pennsylvania Hospital, where she remained as Medical Staff for several years while establishing her private practice. Although Dr. Benser teaches many residents and fellows through her commitments to PCOP, Einstein, and Temple, she notes of her work with Temple psychiatry residents, "I love that Temple residents are truly persistent in their efforts to grow. I work with Temple residents every week who are genuinely committed to learning psychotherapy." She is also very pleased to have been recently appointed as a referral psychiatrist for the Temple Housestaff Wellness Program through the Graduate Medical Education office.

Dr. Benser hopes to impart her enthusiasm for psychiatry and psychoanalysis to the residents and fellows with whom she works. She notes that it is a privilege to "know that you're doing meaningful and deep work with your patients. It's amazing how people can change when they are understood and accepted. And there's always more for all of us to understand about the human condition!" In her private life, Dr. Benser is married with 2 children, one of whom is in college and the other who is currently pursuing an MPH at Columbia University. In her free time she enjoys cooking with her husband, traveling, and kettle bell workouts.

Written by Jenny Lugo, M.D.

ALUMNI SPOTLIGHT: JACLYN DIETZOLD M.D.



When I entered into my psychiatry residency at Temple University Hospital, I had a wide range of interests within the field, but I was largely unsure of what I wanted my career to look like post-graduation. Over the course of my training, I was exposed to many rich clinical experiences, although I found my calling during my second year on my Child and Adolescent rotation at Horsham Clinic. After this initial exposure, I tried to incorporate as many related experiences as possible into my training. I treated an increased number of child and adolescent outpatients and became involved with Michael's Giving H.A.N.D foundation. Under the supervision of Dr. William Dubin, residents worked with the organization to develop and implement an adolescent mental health educational program for students, parents, and staff. This experience in particular provided me with a unique opportunity, which many residents and Child and Adolescent psychiatry fellows do not have exposure to, and it highlighted the dire need for more Child and Adolescent psychiatrists.

After completing my training in adult psychiatry, I decided to pursue a fellowship in Child and Adolescent psychiatry at New York University (NYU). Despite similarities in patient population, work flow, and philosophy between Temple University Hospital and NYU, I found transitioning to a new health system, especially in a different state, was a challenge. Fortunately I found that my training at Temple had prepared me well for this change. The model of the two-year fellowship is a condensed version of adult training. The first year is spent in several acute care settings, and the second year is spent in the outpatient department. NYU offers a wide range of clinical experiences across diverse settings, including Bellevue Hospital, Hassenfeld Children's Hospital, Rockland County Psychiatric Center (a state hospital), and the Child Study Center. Thus far, my favorite experience has been working in Bellevue's Children's Comprehensive Psychiatric Emergency Program (CCPEP). This is likely due to my very positive experience in Temple's Crisis Response Center (CRC).

My training at Temple University Hospital has well prepared me for the challenges of fellowship. Temple taught me how to manage high acuity cases in a fast-paced environment while also addressing complex social stressors, which is an integral part in treating children and families alike. Additionally, Temple instilled in me a desire to give back to both the health system and the community, and I have continued my involvement in many committees at NYU that I began at Temple University Hospital. I am thankful for the clinical training I received while at Temple University Hospital, but I am most thankful for the relationships that I formed there that only continue to grow to this day.

RESIDENT TRANSITION: TRANSITIONING TO PGY-III

Reflecting back on the first two years of residency, I am grateful for my growth, and I am proud of my progress. At the start of the PGY- III year, I was excited to further develop therapeutic techniques that would enrich the lives of my patients. Thus far, the support that I have received from the faculty and my colleagues has increased my confidence in my skills. From my initial doubts of what questions to ask the patient to the awkward feeling of sitting in silence with a patient, I have learned that, most importantly, the patients I interact with want to be heard, to be seen — to be visible.

There is no magic formula or technique that can be applied when it comes to psychotherapy. I have learned that it is the therapeutic alliance that is the most beneficial. Patients want to know they matter, and similarly, as an eager and compassionate therapist, I want to know if I made difference in their lives. It has been the most rewarding to observe my patient's growth regarding their abilities to cope with life's difficulties and their own personal struggles. Whether it is helping a patient overcome difficulties with anxiety in order to pass an exam or helping a patient cope with feelings of grief and loss, it is humbling to know that I played a role in my patients' progress.

Written by Tiffany Clark, M.D.

RESIDENCY SPOTLIGHT: PSYCHODYNAMIC PSYCHOTHERAPY TRACK

I started medical school knowing that I wanted to practice outpatient psychotherapy. When I was interviewing at various residency programs during my fourth year of medical school, I would ask each program how they teach psychodynamic therapy. I knew Temple was going to be a good fit for me once I learned about the psychodynamic track and the psychodynamic orientation of the outpatient department. I am grateful that Temple has provided me with the opportunities to learn and grow as a developing therapist.

Attending class at the Psychoanalytic Center of Philadelphia (PCOP) is one aspect of the psychodynamic track. Classes are held Tuesday nights from 6-9. There are readings assigned each week which are typically rich in theory (and sometimes written in the 1900s). We have a class of 13 people, which is historically large for the center, 5 of whom are our very own Temple residents! Some of the other students are licensed social workers, psychiatrists, retired therapists, and residents from other Philadelphia programs.

At PCOP, we discuss our therapy cases and gain useful insight from our colleagues. We also participate in Balint groups which serve as a useful tool to process our own countertransference that may be evoked within a session with our patients. PCOP requires that after our foundation year we undergo our own therapy, and we are provided a list of therapists that offer services at a much reduced fee for trainees. Temple provides us with an external supervisor when we start the track, which is also a requirement in our second year at PCOP. I have stayed with the same supervisor for the last two years, and he has provided rich guidance in each of the cases I have presented to him. Overall my experience with PCOP has been fantastic and I recommend it to anyone with an interest in psychotherapy!

RESIDENCY HIGHLIGHT: TEMPLE AS A FAMILY

Children and families are a large part of the Temple psychiatry department. Pictures of the children of faculty and residents adorn the bulletin boards in the department. Greetings in halls and before meetings often begin with questions about how one's family is or what new things are happening at home. This goes beyond just pleasantries, though, as was on display at the recent holiday party with current and past families of the residency coming together to celebrate another year. New children in the department lit up faces as they were introduced around the room, while a growing group of older kids convened in their own groups, running and making new friends. "The welcoming of children and families at the annual holiday party and graduation is just another great perk of our department," says Dr. Ruby Barghini, "My husband and I particularly enjoyed watching our two year old 'run wild' with the other kids at the last holiday party. I look forward to watching everyone's children 'grow up' together at these events."

It appeared children were everywhere, which was a fitting scene for a party of which the theme already seemed to be "family." In his introduction, Dr. Dubin talked of our Temple family and the specialness of having enthusiastic new members join while celebrating the dedication of long-time staff. Much of the conversation centered around Ms. Nita Sparrow's retirement, who, as Dr. Steinhouse highlighted, has not only helped the residency run efficiently, but has become a de facto member of his and many families throughout the years within the residency. Nita stood with her children around her, and she smiled and hugged residents and staff of all ages. She treated everyone as if they were family.



With more children continuing to join the families of the residency and faculty this year, Temple psychiatry obviously values family. Says Dr. Barghini, "It is nice to feel supported by the department in both your career and personal goals. I had my first child at the end of my second year of residency at Temple and my second child 3 months into joining the faculty this year. Having children was always important to me, and it is nice to have your colleagues appreciate that as well."

RESIDENCY HIGHLIGHT: TEMPLE AS A FAMILY, CONT.

Resident Tara Thompson-Felix agrees, “I am so thankful for the support I got (and still get) from faculty and my co-residents throughout my pregnancy and being a first-time mom. I remember having attendings checking in with me to make sure I ate for the day or taking the time to ask me how I was feeling. Two of my awesome co-residents (Becky and Jenn) insisted that my husband and I go on a date night and watched Micah for a few hours on a Saturday!” Gatherings such as the holiday party or graduation highlight how special the connections made throughout the years within the residency are. Says Tara, “Micah was finally able to meet most of the department at the last graduation and even though I was worried that he would babble throughout the speeches (which he did for the most part), I enjoyed watching him dance and interact with everyone.” Each year at these events, the children of the department serve as a perennial reminder that, just as they grow and develop, so too does the program. As past residents meet new interns, fourth years prepare to become faculty or fellows, and the department works to select another intern class, the development continues at the close of another year. Having the past, present, and future of the residency all in one room, watching as the children of former residents and current faculty meet again as long-time friends, gives a sense that we really are a family and will continue to grow together.

Written by Rebecca Anthony, M.D.



MATCH DAY ANNOUNCEMENTS

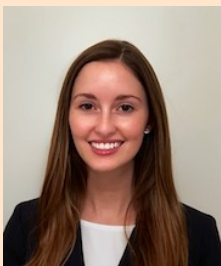
We are pleased to present the first glimpse of the Class of 2023!



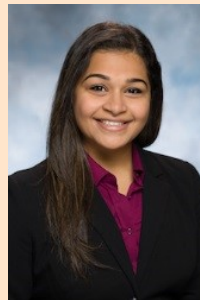
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Rutgers Robert Wood
Johnson Medical School



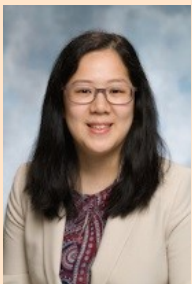
Ashby Mammen
Drexel University College of
Medicine



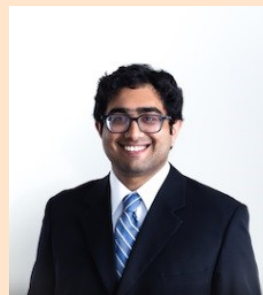
Holly Jordan
Lewis Katz School of
Medicine at Temple University



Divya Patel
Rutgers Robert Wood
Johnson Medical School



Janet Lee
Rutgers Robert Wood
Johnson Medical School



Jeremy Sharma
Lewis Katz School of
Medicine at Temple University



Terry Lok
Ohio State University
College of Medicine



Jacob Weiss
Virginia Commonwealth
University School of
Medicine

RESIDENCY IN PHOTOGRAPHS



Residents and Faculty at the Benjamin Rush Gala



Faculty at the Annual Holiday Party



Benjamin Rush Gala Awards
Jessica Kovach, M.D. (right) Program Director and winner of the Educator of the Year Award posing with Morgan Lewis, D.O. (left) winner of the Jack Greenspan Resident Award

RESIDENCY IN PHOTOGRAPHS



The intern class outing to the Mütter Museum to learn about the College of Physicians of Philadelphia



Recruitment days are opportunities to catch up!



Our PGY-IV's still laughing with each other, years later



Impromptu ski outing to the Poconos

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