

THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Residency Program

Prospectus 2019–2020



JOHNS HOPKINS
M E D I C I N E

600 North Wolfe Street • Meyer 4-181
Baltimore, Maryland 21287-7481

Phone (410) 614-4451 • Fax (410) 614-8761
• Website: www.hopkinsmedicine.org/psychiatry/education •

TABLE OF CONTENTS

SECTION 1

Program Overview

> 1

SECTION 2

Department-Wide Didactics

> 11

SECTION 3

PGY1 Year

> 15

SECTION 4

PGY2 Year

> 19

SECTION 5

PGY3 Year

> 24

SECTION 6

PGY4 Year

> 35

SECTION 7

Current & Past Residents

> 39

SECTION 8

The Johns Hopkins Hospital

> 53

SECTION 9

Baltimore

> 57

SECTION 10

Appendix

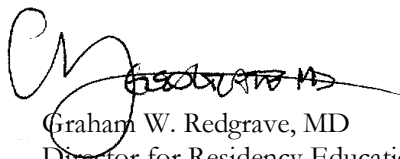
> 61

THE JOHNS HOPKINS UNIVERSITY

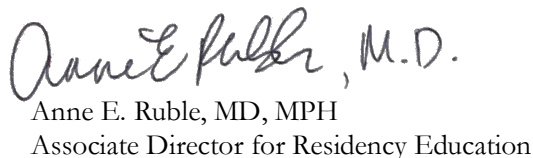
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Upon visiting the Tuberculosis Division he had founded at the Johns Hopkins Hospital, the philanthropist Henry Phipps asked William Welch, Dean of the Medical Faculty, whether there were any other projects he could sponsor. Welch gave Phipps a copy of Clifford Beers' *A Mind That Found Itself*, and a month later, in June of 1905, the endowment of the Henry Phipps Psychiatric Clinic was publicly announced. Adolf Meyer was invited to develop a Department of Psychiatry at Johns Hopkins, and in April of 1913, the Henry Phipps Psychiatric Clinic was opened. Since then, the department has occupied a distinguished place in the history of psychiatry, with a continuous tradition of excellence in patient care, teaching, and research.

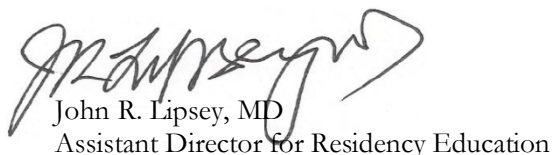
The Residency in Psychiatry and Behavioral Sciences at the Johns Hopkins University aims to provide a comprehensive and broad-based education in clinical psychiatric diagnosis and treatment. The didactic portion of the curriculum is organized to present the body of knowledge that comprises current thought in psychiatry. The clinical exercises and experiences are organized to provide clinical expertise in evaluation of the entire range of psychiatrically ill patients and competence in psychiatric treatment, using the fundamental modalities of therapy currently available. Recent graduates of our program have felt well-prepared for academic psychiatry, private practice psychiatry, or public sector psychiatry and have made outstanding contributions in all these areas following training with us. It is the mission of our program to produce excellent clinicians in all realms of psychiatry who are competent to face the challenges of psychiatry in the contemporary era.



Graham W. Redgrave, MD
Director for Residency Education



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



John R. Lipsey, MD
Assistant Director for Residency Education

APPLICATION PROCESS

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

RESIDENT CONTRACT AND POLICIES

Information about resident contracts, benefits, and Johns Hopkins Graduate Medical Education Policies for Interns and Residents can be found on the Graduate Medical Education website. These policies also include our policy on criminal background checks. Links to all of the policies listed in the last page of the resident contract are included on the website, <http://gme.med.jhmi.edu/fellows/gmec-contracts-policies/>.

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

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

PROGRAM OVERVIEW

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

The mission of the Johns Hopkins Psychiatry Residency is to foster trainees' clinical excellence, leadership, and scholarship. Graduates of the program work in every clinical practice setting and lead clinical and research teams nationwide. We approach training systematically by combining closely-supervised intensive clinical experiences in multiple settings with a comprehensive didactic program. Experiences are aligned with the health care reform demands of the contemporary era in giving residents clinical responsibilities within an integrated continuum of progressive complexity on the wards and in the clinics. Mentorship and elective experiences beginning in the PGY1 year and continuing throughout training provide residents with the opportunity to explore specific areas for professional development and master a topic area more deeply.

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

PGY1 YEAR: GOALS & OBJECTIVES

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

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

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

PGY2 YEAR: GOALS & OBJECTIVES

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

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

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

PGY3 YEAR: GOALS & OBJECTIVES

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

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

PROGRAM OVERVIEW

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

- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, specifically in affective, anxiety, schizophrenia, family, couples, and sex & gender clinics
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp on the theoretical underpinnings and the practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary-care team in assessing and treating ambulatory medical patients
- supervised experience in forensic psychiatry evaluating defendants in the Baltimore court system and engaging in forensic psychiatry journal club

PGY4 YEAR: GOALS & OBJECTIVES

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

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

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

FOSTERING SCHOLARSHIP, LEADERSHIP, CLINICAL EXCELLENCE: THE TRACKS PROGRAM

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

Child & Adolescent Psychiatry Track

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

Rotations:

- PGY1 year: Residents will be able to choose to spend a rotation block at the JHH/KKI and/or Bayview. The purpose of this rotation is to gain familiarity with the division's faculty members, clinical services provided, as well as the division's many research endeavors. This experience will allow each participating resident to consider which area(s) are of greatest interest. Each resident will attend divisional activities during their rotation, including weekly conferences and fellowship didactics, and meet with the track director to discuss potential projects and/or activities of interest.
- PGY2/PGY3 years: Residents can choose an emphasis in one of three areas: clinician-educator, research, or public health. With the guidance of the identified project mentor and track director, each resident will be able to identify clinical or research experiences that will make up their track experience.

PROGRAM OVERVIEW

- PGY4 year: Activities will be determined on a case-by-case basis for those residents who choose not to fast-track into a CAP fellowship.

Track Activities:

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

Track Goals:

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

Clinician-Educator Track

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

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

The following are examples of potential projects:

- Assessment of a cognitive behavioral therapy intervention targeting insomnia at a residential substance abuse treatment program

PROGRAM OVERVIEW

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

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

Public Mental Health Track

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

Faculty involved in the track represent both the Department of Psychiatry in the School of Medicine and the Department of Mental Health in the School of Public Health. A partial list with particular faculty interests is attached below.

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

Track activities might include:

- Didactics (guided readings, seminars, possibly attendance at courses or meetings)
- Exposure to particular clinical or related settings/activities (but aimed more at understanding how and why they work versus clinical service)
- Opportunities to be involved with scholarly activity
- Mentoring

PROGRAM OVERVIEW

This would evolve over four years with in the first year two 2-week “scholarship blocks” plus maybe one “rounds” a month (or could be journal club) plus meeting with track faculty. Residents committing to the track will also be able to participate in a multi-year series of guided readings and attendance at “lab” meetings and seminars. Topics include:

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

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

Research Track

Research at Johns Hopkins

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

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

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

PROGRAM OVERVIEW

Research Track

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

Track Activities

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

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

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

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

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

Didactics

The monthly Core Research Seminar is a combination of a content-based seminar, a presentation skills training opportunity, and ongoing instruction in Responsible Conduct of Research. It will include the PGY2-4 research

PROGRAM OVERVIEW

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

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

Mentorship

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

JOHNS HOPKINS PSYCHIATRY ROTATIONS – 2019-2020

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

Johns Hopkins Hospital						
PGY II	Meyer 3 Inpatient (2 Months) Motivated Behaviors, Short-stay Community Psychiatry	Meyer 4 Inpatient (3 Months) Eating Disorders*, Adult Affective Disorders, Young Adult & Adolescent Affective Disorders	Meyer 5 Inpatient (3 Months) General Psychiatry Service, Schizophrenia Service	Meyer 6 Inpatient (2 Months) Geriatric Psychiatry, Chronic Pain Center*	Child & Adolescent (1 Month)	Track Electives (2 Months)
	Residents' Outpatient Continuity Clinic (½ day per week)					
	Emergency Psychiatry (1 Month)	Consultation-Liaison (2 Months)	Track Elective (1 Month)	Outpatient Department Rotation (8 Months) Community Psychiatry Clinic, Family and Couples Therapy Clinic, Anxiety Clinic, Women's Mood Disorders Clinic, Sex and Gender Clinic, Schizophrenia Clinic, Forensics, Psychodynamic Psychotherapy Supervision, HIV Psychiatry Clinic, Mobile Treatment		
PGY III	Residents' Outpatient Continuity Clinic (½ day per week)					
	Longitudinal Track Activity (½ day per week)					
	Outpatient Department Rotation (4 Months) Community Psychiatry Intensive Outpatient Program, Huntington's Clinic, Neuropsychiatry/Geriatric Psychiatry Clinic		Child & Adolescent Day Hospital (1 Month) Partial Hospital Service	Track Elective (7 Months) Mentored Scholarly, Clinical, Leadership Activities within Tracks Framework		
PGY IV	Residents' Outpatient Continuity Clinic (½ day per week)					

Section 2

DEPARTMENT-WIDE DIDACTICS

DEPARTMENT-WIDE DIDACTIC CURRICULUM

In concert with an extensive clinical curriculum, the Johns Hopkins Psychiatry residency program provides a comprehensive didactic curriculum for its residents. During residency, residents are offered a multitude of didactic learning opportunities made up of the three traditional teaching methods: lecture/demonstrations, tutorial/seminars, and recitations. In addition to a didactic lecture series specific to each residency year, an ongoing across-the-years department-wide educational program runs concurrently and consists of weekly Department Director's Service Rounds, Teaching Rounds, Departmental Grand Rounds, as well as a regular Journal Club. All residents participate in considering principles of psychiatry during these didactic meetings. The resident seminar series is a coherent overview of the field of psychiatry presented by faculty who are experts on each of the topics presented.

▪ *DEPARTMENT DIRECTOR'S SERVICE ROUNDS*

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

▪ *TEACHING ROUNDS*

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

▪ *PSYCHIATRY DEPARTMENTAL GRAND ROUNDS*

During Grand Rounds, a patient is presented by one of the residents, interviewed by the Department Director, and then a faculty member gives a lecture related to the case under consideration. The Department Director then leads the discussion,

which is open to all members of the department. The presenting faculty member prepares minutes of the round. The topics covered for 2018-2019 are listed below, and for prior years in the Appendix.

GRAND ROUNDS TOPICS FROM THE 2018-2019 ACADEMIC YEAR

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

■ JOURNAL CLUB

Faculty members host residents in their home and leads a discussion on a journal article. Typically, the journal article selected is an original article written by the faculty member hosting. One of the residents presents the

article, while the faculty member helps to lead the discussion. The aim of the seminar is to examine the author's methods, the strengths and weaknesses of the article, and the relevance of this work to clinical psychiatry. Residents become familiar with clinical research, statistical methods, and psychiatric epidemiology.

▪ **MIND THE GAP**

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

▪ **DEPARTMENTAL RESEARCH CONFERENCE**

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

RESEARCH CONFERENCE TOPICS FROM THE 2018-2019 ACADEMIC YEAR

Matthew Wright, MD, PhD	<i>A midbrain circuit that controls the response to inescapable stress</i>
Richard Huganir, PhD	<i>Regulation of Neurotransmitter Receptors in Cognition and Cognitive Disorders</i>
Francis McMahon, MD	<i>Unweaving GWAS</i>
Adam Spira, PhD	<i>Aging, Sleep, and Circadian Rhythms: Implications for Brain Health</i>
Hey-Kyoung Lee, PhD	<i>Neuroplasticity in Development</i>
Peter Zandi, PhD	<i>The Latest in Pharmacogenetic Testing in Mood Disorders</i>
Durga Roy, MD	<i>Neuropsychiatric Sequelae of Mild TBI</i>
Kimberley Steele, MD, PhD	<i>A Matter of Taste: the Brain and Obesity</i>
Alena Savonenko, MD, PhD	<i>Preclinical Testing of Anti-Aβ Amyloid Therapies: Efficacy, Limitations, Future Directions</i>
Jeremiah Cohen, PhD	<i>Neurophysiology of dynamic decision making</i>
Fred Barrett, PhD	<i>Potential mechanisms underlying psychedelic therapeutic effects</i>
Brady Maher, PhD	<i>Deciphering the role of the psychiatric risk gene TCF4 in cortical development and disease</i>
William Carpenter, MD	<i>A Tour of Psychopathology with a Negative Symptom Focus</i>
Michelle Shardell, PhD	<i>The relationship between pain and depression</i>
Patricia Janak, PhD	<i>How does dopamine mold your behavior? Behavioral neuroscience studies of dopamine, learning, and motivation</i>
Gretchen Neigh, PhD	<i>Biological mediators of stress effects on brain and behavior</i>
Gwenn Smith, PhD	<i>Multi-Modality Imaging of Neurodegeneration in late life mood and cognitive disorders</i>
Phil Quartana, PhD	<i>Psychological Health Research Programs under Military Operational Medicine</i>
Carol Matthews, MD	<i>PGC Genetics Network in OCD, Tourette</i>
Thorsten Kahnt, PhD	<i>Using odors to study neural mechanisms of food choice and its modulation by sleep deprivation</i>
Michelle Carras, PhD	<i>The relationship between video gaming and mental health</i>

PROGRAM OVERVIEW

Jacob J. Michaelson, PhD	<i>Evidence of a shared genetic basis for language ability and manic depression</i>
Jonathan Javitch, MD, PhD	<i>Old dogs with new tricks: G Protein-Coupled Receptors in Depression and Motivation</i>
Diego Pizzagalli, PhD	<i>The Neuroscience of Major Depression: Focus on Anhedonia</i>
Humberto Nicolini, MD, PhD	<i>Psychiatric Genetics: Mexico-US collaborations in OCD, Autism and Depression</i>
Greg Hajcak, PhD	<i>Using event-related brain potentials (ERPs) to predict anxiety and depression</i>
Douglas M. Ruderfer, PhD	<i>Quantifying Psychiatry with Genomics, EHR Data and Machine Learning</i>
Keri Martinowich, PhD	<i>Complex regulation of brain-derived neurotrophic factor (BDNF) gene-expression controls pleiotropic effects of BDNF-TrkB signaling in brain circuits that control behavior</i>
Damiaan Denys, MD, PhD	<i>Deep brain stimulation & Psychiatry</i>
Charles Kellner, MD	<i>Progress in ECT: Lessons from the CORE studies</i>
Claes Wahlestedt, M.D, PhD	<i>Novel Pharmacological Approaches for Diseases of the Nervous System</i>
Vadim Zipunnikov, PhD	<i>Monitoring Health Behaviors with Sensor Mobile Technology</i>
Harold Lehmann, MD	<i>Clinical Research Data Networks and their Discontents: PCORnet</i>
Elizabeth Wise, MD	<i>Autism in Older Adults</i>

PATIENT SAFETY & QUALITY IMPROVEMENT

- **MORBIDITY & MORTALITY** This monthly conference is held throughout the year for residents from the PGY2 through PGY4 year. Topics discussed include suicide prevention, avoidance of seclusion, and prevention of medication errors. Several sessions are also dedicated to root cause analysis of specific cases.
- **MD/RN COUNCIL** This monthly conference is held throughout the year for residents working on the inpatient units in the PGY2 through PGY4 years. The goal of the council is to foster interdisciplinary discussions to improve patient safety and outcomes.

PGY1 YEAR

GOALS & OBJECTIVES

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

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

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

CLINICAL CURRICULUM

The internship year consists of six months in the Department of Medicine, four months in the Department of Psychiatry, and two months in the Department of Neurology.

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

<u>WEEKLY Inpatient Psychiatry SCHEDULE</u>		
PGY1 Residents		
<i>No pre-rounding prior to Multidisciplinary Team Rounds daily at 8:00 am.</i>		
<i>Evening coverage by attendings starts at 5:00 pm.</i>		
<i>Interns participate in patient care, including admissions, on the unit except during the activities listed below.</i>		
MONDAY	11:00 am to 12:30 pm 12:30 pm to 1:30 pm	Psychiatry Grand Rounds Phenomenology Seminar
TUESDAY	12:00 pm to 1:00 pm	Service Rounds/Academic Psychiatry Seminar
WEDNESDAY	12:00 pm to 1:00 pm	Pharmacotherapy Seminar
THURSDAY	12:00 pm to 1:00 pm 1:00 pm to 2:00 pm	Intern Support Group Teaching Rounds with Drs. Redgrave & Lipsey
FRIDAY	12:00 pm to 1:00 pm	Psychotherapy Seminar
WEEKENDS	Interns rotate each weekend for coverage, 8:00 am to 5:00 pm.	

- **INTERNAL MEDICINE** **The Department of Medicine** at Bayview maintains an acute medical service, including coronary care and intensive care units, and has special interests in cardiopulmonary physiology, renal physiology, health care delivery systems, geriatric medicine, and occupational medicine. A full-time attending physician makes daily rounds with the interns and assistant residents on each team. Each intern has an average caseload of five to seven patients. There is also a night-float system where interns work with senior medical residents. The admitting medicine schedule follows a four-day cycle with two admitting days and two non-admitting patient care days. In addition to four and a half months of inpatient medicine, interns rotate, on average, for two weeks on the Medical Intensive Treatment Unit (MICU) and two weeks on the Cardiac Intensive Treatment Unit (CICU). Below is a daily schedule of didactics for interns while rotating on Internal Medicine. Didactics include daily Morning Report with all the medicine residents, individual team didactics, and lunch conference.

<u>WEEKLY Inpatient Medicine SCHEDULE</u>		
PGY1 Residents		
<i>Pre-rounding occurs daily prior to 7:45 am Morning Report.</i>		
<i>Evening coverage by Night Float starts at 5:00 pm on non-admitting at 8:00 pm on admitting days.</i>		
<i>Interns participate in patient care on the unit except during the activities listed below.</i>		
WEEK DAYS	7:45 am to 8:30 am	Morning Report Didactic
	8:30 am to 9:00 am	Medicine team didactics
	9:00 am to 11:00 am	Bedside team rounds
	12:00 pm to 1:00 pm	Medicine House Staff Seminar <i>Intern Support Group (Thursdays)</i>
• WEDNESDAYS	1:00 pm to 2:00 pm	Bedside Rounds with Dr. Hellman
WEEKENDS	Interns cover either Saturday or Sunday with their team.	

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

<u>WEEKLY Inpatient Neurology SCHEDULE</u>		
PGY1 Residents		
<i>Pre-rounding occurs daily prior to 8:00 am Chief Resident Didactic.</i>		
<i>Evening coverage by neurology or medicine residents start at 5:00 pm.</i>		
<i>Interns participate in patient care on the unit except during the activities listed below.</i>		
WEEK DAYS	8:00 am to 8:30 am	Neurology Chief Resident Didactic
	8:30 am to 10:00 am	Bedside team rounds
	12:00 pm to 1:00 pm	Neurology House Staff Seminar <i>Intern Support Group (Thursdays)</i>
• THURSDAYS	10:00 am to 12:00 pm	Neurology Grand Rounds
WEEKENDS	Interns help cover the service on either Saturday or Sunday of each week.	

DIDACTIC CURRICULUM

Interns participate in weekly Service Rounds with the Director of Psychiatry at Johns Hopkins Bayview. During their psychiatry rotation, interns meet for three hours of didactics weekly, in addition to the one hour weekly that all psychiatry interns come together for a didactic regardless of rotation setting. They also

participate in weekly Teaching Rounds with the residency directors, Drs. Graham Redgrave and Anne Ruble or other faculty leaders. Below is the schedule during the inpatient psychiatry rotation on the Acute Psychiatric Unit at the Johns Hopkins Bayview Medical Center, followed by further explanation of the didactics during the inpatient psychiatry rotation.

PHENOMENOLOGY

Seminar topics are listed below.

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

PHARMACOTHERAPY

Seminar topics discussed are listed below.

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

PSYCHOTHERAPY

Seminar topics are listed below.

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

PGY2 YEAR

PGY2 YEAR**GOALS & OBJECTIVES**

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

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

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

CLINICAL CURRICULUM

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

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

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

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

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

▪ **CHILD PSYCHIATRY SERVICE**

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

DIDACTIC CURRICULUM

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

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

PGY2 SEMINAR: INTRODUCTORY SUMMER SESSION

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

Discussion of *The Perspectives of Psychiatry* James Potash, MD, & others
Phipps History and Mental Status Exam Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD

Psychotherapy on Inpatient Services	<i>Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD</i>
Professionalism in Psychiatry Residency Training	<i>Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD</i>
Emergency Treatments in Psychiatry	<i>Vinay Parekh, MD</i>
Electroconvulsive Therapy	<i>Irving Reti, MBBS</i>
Introduction to Pharmacotherapy	<i>Thomas W. Koenig, MD</i>
Approaching the Psychiatric Literature	<i>Karen Swartz, MD</i>
Forensic Psychiatry	<i>Jeffrey Janofsky, MD</i>
Duty Hours and Sleep Deprivation	<i>Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD</i>
Medical School Education	<i>Susan Lehmann, MD</i>
Alcohol Detoxification	<i>Jeffrey Hsu, MD</i>
Opiate Detoxification	<i>Jeffrey Hsu, MD</i>
Community Psychiatry	<i>Bernadette Cullen, MBChB, MD</i>

PGY2 SEMINAR: ACADEMIC YEAR

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

The Formulation	<i>J. Raymond DePaulo, Jr., MD</i>
Bipolar Disorder	<i>Jennifer Payne, MD</i>
Major Depression	<i>Karen Swartz, MD</i>
Medical School Teaching	<i>Susan Lehmann, MD</i>
Motivational Interviewing	<i>Dean MacKinnon, MD & Heidi Hutton, PhD</i>
Antidepressants	<i>Karen Swartz, MD</i>
Schizophrenia	<i>Thomas Sedlak, MD, PhD</i>
Neuroscience of Schizophrenia	<i>Frederick Nucifora, DO, PhD</i>
Sub-Threshold Affective Disorders	<i>Fernando Goes, MD</i>
Antipsychotics	<i>Russell Margolis, MD</i>
Psychometrics	<i>David Schretlen, PhD</i>
Mood Stabilizers	<i>Fernando Goes, MD</i>
Psychological Assessment	<i>Jason Brandt, PhD</i>
Alzheimer's Disease	<i>Paul Rosenberg, MD</i>
Anxiety Disorders	<i>O. Joseph Bienvenu, MD, PhD</i>
Post-Traumatic Stress Disorder	<i>James Fauerbach, PhD</i>
Obsessive-Compulsive Disorder	<i>Gerald Nestadt, MD</i>
Substance Abuse	<i>Eric Strain, MD & Jeffrey Hsu, MD</i>
Geriatrics	<i>Susan Lehmann, MD</i>
Drug Withdrawal & Detoxification	<i>Alan Romanoski, MD</i>
Somatoform Disorder	<i>Thomas W. Koenig, MD</i>
Emergency Psychiatry	<i>Vinay Parekh, MD</i>
Eating Disorders	<i>Graham Redgrave, MD</i>

OUTPATIENT CARE SEMINAR

This seminar for all PGY2 residents covers the establishment of an outpatient practice, the nature of the therapeutic relationship, and the elements of supportive, psychodynamic, and cognitive-behavioral psychotherapeutic techniques. PGY2 residents meet with Dr. O. Joseph Bienvenu and Dr. Jennifer

Payne and other faculty every Thursday. Case-based discussions of psychotherapeutic opportunities and dilemmas are central to the seminar. Expert faculty members focus on the psychotherapeutic techniques most effective for specific diagnostic patient groups. Each topic and its presenter are listed below.

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

RESIDENTS' LUNCH

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

PGY3 YEAR

GOALS & OBJECTIVES

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

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

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

- mastery of skills in psychiatric assessment and treatment in subspecialty outpatient settings
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp of the theoretical underpinnings and practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, specifically affective, anxiety, family, marital, sexual, and addictive disorders clinics
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary care team in assessing and treating ambulatory medical patients

CLINICAL CURRICULUM

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

• **FIRST-HALF OF THE YEAR**

▪ **CONSULTATION-LIAISON**

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

<u>WEEKLY Consultation-Liaison SCHEDULE</u>		
PGY3 Residents		
<i>Residents participate in patient care on the unit except during the activities listed below.</i>		
WEEK DAYS	8:00 am to 9:00 am	Didactic session with attending
• MONDAYS	12:30 pm to 1:00 pm	Residents' Meeting
• WEDNESDAYS	12:00 pm to 1:00 pm	PGY3 Seminar
• THURSDAYS	12:00 pm to 1:00 pm	General Hospital Psychiatry Seminar
WEEKENDS & CALL	Residents cover the consultation pager 24-hours per day, seven days per week. There are no in-hospital clinical responsibilities. If necessary, any urgent consultations are performed by the on-call PGY2 resident.	

▪ **EMERGENCY SERVICES**

The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Dr. Cynthia Major and Dr. Vinay Parekh. There are approximately 4,000 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by an attending psychiatrist and psychiatric nurse practitioners or a PGY3 resident. 12-hour overnight shifts in the Psychiatry Emergency Service are staffed by a PGY3 resident. PGY3 residents rotate on this service for two to six weeks per year. On weekends, both PGY3 and PGY4 residents cover the Psychiatric Emergency Service, also in 12-hour shifts. Weekend coverage averages ten to twelve shifts per year.

▪ **GENERAL HOSPITAL OUTPATIENT DEPARTMENT**

The General Hospital Outpatient Department is organized into community clinics that provide general care to adults and specialty clinics that focus on the diagnosis and treatment of distinct problem areas. Each clinic is staffed by faculty members with particular expertise in their fields. In addition to Consultation-Liaison Service and Emergency Psychiatry, residents rotate for two months within the Outpatient Department. Below is a daily schedule for the residents rotating in outpatient psychiatry during the PGY3 year as well as further descriptions of the outpatient rotations.

<u>WEEKLY Outpatient Psychiatry SCHEDULE</u>		
PGY3 Residents, Months 1-6		
<i>During times where outpatient clinics or didactics are not listed, residents are either seeing outpatients in their Outpatient Continuity Clinic or engaging in scholarly work, such as research projects with faculty.</i>		
M O N D A Y S	11:00 am to 12:30 pm	Psychiatry Grand Rounds
	12:30 pm to 1:00 pm	Residents Meeting
	1:00 pm to 5:00 pm	HIV Psychiatry (Bartlett Clinic)
T U E S D A Y S	8:00 am to 12:00 pm	Mobile Treatment (ACT)
	12:00 pm to 1:00 pm	Research Conference (weekly) or Morbidity & Mortality (monthly)
W E D N E S D A Y S	9:00 am to 12:00 pm	Forensic Psychiatry (Circuit Court)
	12:00 pm to 1:00 pm	PGY3 Seminar
	1:00 pm to 5:00 pm	Schizophrenia Clinic or Mobile Treatment (ACT)
T H U R S D A Y S	12:00 pm to 1:00 pm	General Hospital Psychiatry Seminar
F R I D A Y S	9:00 am to 12:00 pm	Forensic Psychiatry (Circuit Court)
W E E K E N D S & C A L L	Residents cover the Psychiatry Emergency Department in 12-hour shifts, on average approximately once per month.	

MOBILE TREATMENT

The Community Psychiatry Program (CPP) offers a range of ambulatory services, including a community psychiatry outpatient clinic, an intensive outpatient program (IOP), and a mobile treatment unit via assertive community treatment (ACT). ACT operates on a 24/7 basis to provide at-home and in the community services to those with the most serious and persistent mental illnesses. Residents rotate for two half-days per week with ACT, supervised by Dr. Stanislav Spivak. Residents lead several home visits per week with case managers, social workers, nurses, addiction experts, vocational specialists, or peer-support counselors.

SCHIZOPHRENIA CLINIC

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

HIV PSYCHIATRY/BARTLETT CLINIC

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

FORENSIC PSYCHIATRY PROGRAM

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

• SECOND-HALF OF THE YEAR

▪ OUTPATIENT DEPARTMENT

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

WEEKLY Outpatient Psychiatry SCHEDULE		
PGY3 Residents, Months 7-12		
<i>During times where outpatient clinics or didactics are not listed, residents are either seeing outpatients in their Outpatient Continuity Clinic or engaging in scholarly work, such as research projects with faculty.</i>		
M O N D A Y S	10:00 am to 11:00 am	Anxiety Disorders Seminar
	11:00 am to 12:30 pm	Psychiatry Grand Rounds
	12:30 pm to 01:00 pm	Residents' Meeting
	1:00 pm to 2:00 pm	Psychodynamics Seminar
	2:15 pm to 4:15 pm	Psychodynamics Techniques and Supervision
T U E S D A Y S	10:00 am to 11:00 am	Mood Disorders Seminar
	11:00 am to 12:00 pm	Schizophrenia Seminar
	12:00 pm to 1:00 pm	Research Conference (weekly) or Morbidity & Mortality (monthly)
	1:00 pm to 2:00 pm	Anxiety Disorders & OCD Didactic
	2:00 pm to 3:00 pm	Anxiety Disorders Supervision
W E D N E S D A Y S	3:00 pm to 5:00 pm	Anxiety & OCD Clinic
	9:00 am to 12:00 pm	Community Psychiatry Clinic
	12:00 pm to 1:00 pm	PGY3 Seminar
T H U R S D A Y S	9:00 am to 12:00 pm	Couples & Family Therapy
	12:00 pm to 1:00 pm	General Hospital Psychiatry Seminar
	1:00 pm to 2:00 pm	Mood Disorders or Schizophrenia Teaching Rounds
	2:00 pm to 5:00 pm	Women's Mood Disorders Clinic
F R I D A Y S	10:00 am to 12:00 pm	Service Rounds with Department Director
	12:15 pm to 1:30 pm	Sex & Gender Didactic & Case Conference

	1:30 pm to 5:00 pm	Sex & Gender Clinic
WEEKENDS & CALL	Residents cover the Psychiatry Emergency Department in 12-hour shifts, on average approximately once per month.	

COMMUNITY PSYCHIATRY PROGRAM

This program, directed by Dr. Bernadette Cullen, offers a range of ambulatory services, including a community mental health center-oriented outpatient clinic (CPP). Residents rotate for one-half day per week in this outpatient clinic, during which they are paired with a therapist. The resident and therapist see outpatients together, after which the resident discusses the case with an attending physician in the Community Psychiatry Program.

ANXIETY & OCD CLINIC

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

FAMILY AND COUPLES THERAPY CLINIC

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

WOMEN'S MOOD DISORDERS CLINIC

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

SEX AND GENDER CLINIC

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

DIDACTIC CURRICULUM

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

PGY3 SEMINAR

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

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

THE GENERAL HOSPITAL PSYCHIATRY SEMINAR

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

Alcohol and Drug Use Disorders Series	<i>Alan Romanoski, MD</i>
Post-ICU Distress and Delirium	<i>O. Joseph Bienvenu, MD, PhD</i>
Mood Disorders in Women Series	<i>Karen Swartz, MD</i>
Management of Medication Sexual Side Effects	<i>Karen Swartz, MD</i>
Dementia	<i>Chiadi Onyike, MD, MHS</i>
Human Grief and Loss Series	<i>Shep Jeffreys, PhD</i>
Conversion Disorder	<i>Graham Redgrave, MD</i>
Somatoform Disorders	<i>Graham Redgrave, MD</i>
Oncology Psychiatry	<i>Laura Hoofring, ARNP-PMH</i>
Delirium in the ICU and its Measurement	<i>Dale Needham, MD</i>

Eating Disorders on the Medicine Service	<i>Graham Redgrave, MD</i>
Rehabilitation Psychology and Disability	<i>Stephen Wegener, PhD</i>
Multiple Sclerosis and Psychiatry	<i>Adam Kaplin, MD, PhD</i>
Depression and Stroke	<i>John Lipsey, MD</i>
Pathological Laughing and Crying	<i>John Lipsey, MD</i>
Catatonia	<i>John Lipsey, MD</i>
Unintended Consequences of DNR	<i>Glenn Treisman, MD, PhD</i>
Geriatric Psychiatry	<i>Deidre Johnston, MD</i>
Pain Disorders and Consult Psychiatry	<i>Michael Clark, MD, MPH, MBA</i>
Wernicke-Korsakov Syndrome	<i>Karin Neufeld, MD, MPH</i>
Substance Abuse and High Risk Behaviors	<i>Heidi Hutton, PhD</i>
Psychiatry and the Burn Unit	<i>James Fauerbach, PhD</i>
Substance Abuse Treatment	<i>Jeffrey Hsu, MD</i>
Depression vs. Demoralization	<i>Daniel Ebert, MD, PhD</i>
Sleep and Related Disorders	<i>David Neubauer, MD</i>
Drug Testing	<i>Andrew Stolbach, MD, MPH</i>
Management of Delirium and Agitation	<i>Avi Gerstenblith, MD</i>
Schizophrenia and Consult Psychiatry	<i>Thomas Sedlak, MD, PhD</i>
Behavioral Treatment of Opioid Dependence	<i>Ken Stoller, MD</i>
Motivational Interviewing	<i>Michael Kidorf, MD</i>

PSYCHODYNAMICS SEMINAR

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

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

PSYCHODYNAMICS TECHNIQUES SEMINAR AND SUPERVISION

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

ANXIETY DISORDER SEMINAR

This weekly one-hour seminar, organized by Dr. O. Joseph Bienvenu, runs for six months during the Outpatient Department block of PGY3 Year. During this seminar, residents present and discuss

relevant research articles related to anxiety disorders. There are also several topics discussed that are related to anxiety disorders, such as insomnia, as well as treatment methods, such as group therapy.

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

MOOD DISORDERS SEMINAR

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

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

SCHIZOPHRENIA SEMINAR

This weekly one-hour seminar, organized by Dr. Russell Margolis, runs for six months during the Outpatient Department block of PGY3 Year. During this seminar, residents present and discuss

relevant research articles related to schizophrenia, review methods of assessment, and examine some of the classic literature on the phenomenology of schizophrenia. Participating faculty members from the Schizophrenia Center, the Mood disorders group, the Lieber Institute, the Department of Radiology, the Institute of Genetic Medicine, Medical Psychology, and Division of Neurobiology assist in guiding the seminars. Topics include:

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

SEX & GENDER CLINIC SEMINAR

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

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

PGY4 YEAR

GOALS & OBJECTIVES

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

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

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

CLINICAL CURRICULUM

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

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

INTENSIVE OUTPATIENT PROGRAM

This clinic, directed by Dr. Bernadette Cullen, provides intensive, three-time per week follow-up for patients in the Community Psychiatry Program who have recently been discharged from our inpatient services or have a worsening clinical course which is likely to fail treatment in traditional outpatient settings. Group treatment is a focus of this program.

HUNTINGTON'S CLINIC

This clinic, directed by Dr. Christopher Ross, meets weekly for the evaluation and treatment of patients with Huntington's Disease. Clinical evaluation, including a systematic neurological evaluation, psychiatric treatment, and genetic testing and counseling are the major responsibilities of the residents in this clinic.

NEUROPSYCHIATRY AND GERIATRIC PSYCHIATRY CLINIC

This clinic, directed by Dr. Susan Lehmann, meets weekly for the evaluation and treatment of patients with neuropsychiatric disorders, including dementias, other cognitive disorders, traumatic brain injury, stroke, and Parkinson's Disease. Patients are also assessed for a wide variety of psychiatric disorders of old age not associated with dementia or coarse brain injury.

WEEKLY Outpatient Psychiatry SCHEDULE

PGY4 Residents

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

M O N D A Y S	8:00 am to 11:00 am	Intensive Outpatient Treatment
	11:00 am to 12:30 pm	Psychiatry Grand Rounds
	12:30 pm to 1:00 pm	Residents' Meeting
T U E S D A Y S	8:00 am to 12:00 pm	Huntington's Disease Clinic
	12:00 pm to 1:00 pm	Research Conference (weekly)

		or Morbidity & Mortality (monthly)
W E D N E S D A Y S	8:00 am to 12:00 pm 12:00 pm to 1:00 pm 1:00 pm to 5:00 pm	Intensive Outpatient Treatment PGY4 Seminar Neuropsychiatry & Geriatric Psychiatry Clinic
T H U R S D A Y S		
F R I D A Y S	8:00 am to 10:00 am 10:00 am to 12:00 pm 12:00 pm to 1:00 pm	Intensive Outpatient Treatment Department Director Service Rounds Career Development Seminar or Department Director's Lunch
W E E K E N D S & C A L L	Residents cover the Psychiatry Emergency Department in 12-hour shifts, approximately eight times over the course of the year.	

- **ELECTIVES** The goal of the elective semester is to enable residents to develop clinical, educational, administrative and/or research expertise on one or more issues of particular interest to them. Electives must be sponsored by a member of the Johns Hopkins faculty and approved by the Director for Residency Education. Within these considerations, residents can design clinical, research and/or administrative experiences of great diversity. The majority of residents choose to combine a specialty clinical experience with an independent research project.

During electives, residents continue to attend Grand Rounds, Service Rounds, PGY4 Seminars, and the Department Director's Lunch with PGY4 residents. The only clinical requirement is for residents to continue to follow their longitudinal patients in the Residents' Outpatient Continuity Clinic.

DIDACTIC CURRICULUM

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

DEPARTMENT DIRECTOR'S LUNCH

Approximately once a week, PGY4 residents meet with the Department Director or other senior faculty for lunch to discuss professional development, administrative psychiatry, and advanced areas of psychotherapy. These discussions focus on the changing clinical, academic, and research environments and the competencies necessary for success in each, including professional leadership roles.

CAREER DEVELOPMENT SEMINAR

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

Introduction to Psychiatric Careers	<i>Karen Swartz, MD</i>
Clinician and Educator Careers in Academics	<i>Karen Swartz, MD</i>
Launching an Academic Career	<i>Gregory Pontone, MD</i>
Deciding to Pursue Fellowship	<i>Denis Antoine, MD</i>
Outpatient Practice and Academics	<i>Todd Cox, MD</i>
Launching an Academic Career	<i>Jennifer Coughlin, MD</i>
Careers at the FDA	<i>Pamela Horn, MD</i>
Student Mental Health on College Campuses	<i>Margaret Chisolm, MD</i>
How Does One “Choose” a Career	<i>John Lipsey, MD</i>
NIMH Fellowship Opportunities	<i>Joyce Chung, MD</i>
Careers in Medical Education	<i>Susan Lehmann, MD</i>
Fellowships at the NIMH	<i>Jennifer Payne, MD</i>
Basic Science Research Careers in Psychiatry	<i>Paul Kim, MD, PhD</i>
Careers in Clinical Leadership	<i>Karin Neufeld, MD</i>
Private Practice Outside of Baltimore	<i>Christopher Pagnani, MD</i>
Juggling Basic Science Research and Clinical Care	<i>Frederick Nucifora Jr., DO, MPH, PhD</i>
Careers in Residency Education	<i>Graham Redgrave, MD</i>
Establishing “Focus” in an Academic Career	<i>Peter Rabins, MD, MPH</i>
Careers in Research	<i>Tim Moran, PhD</i>
Establishing a Private Practice	<i>David Mu, MD</i>
Careers in Forensic Psychiatry	<i>Jeffrey Janofsky, MD</i>
Psychiatry Careers in the VA System	<i>Sarah Reading, MD</i>
Experiences in Community Hospital Psychiatry	<i>Ashley Bone, MD</i>
Careers in Women’s Mental Health	<i>Lauren Osborne, MD</i>
Careers in Substance Abuse Rehabilitation	<i>J. Gregory Hobelmann, MD</i>
Careers in Private Practice	<i>A.J. Drobnick, MD</i>
Adapting to Change in a Clinical and Academic Environment	<i>Deidre Johnston, MD</i>

Section 7

CURRENT & PAST RESIDENTS

CURRENT & PAST RESIDENTS

2019-2020 RESIDENTS

PGY1 Interns

Laura Ackerman, MD	<i>Jacobs School of Medicine and Biomedical Science, University of Buffalo</i>
*Carolyn Craig, MD	<i>University of Washington School of Medicine</i>
Karen Dionesotes, MD, MPH	<i>Creighton University School of Medicine</i>
Candice Espinoza, MD	<i>University of New Mexico School of Medicine</i>
Amir Etesam, MD, M.S.	<i>Howard University College of Medicine</i>
Andrew Gaddis, MD	<i>Virginia Tech Carilion School of Medicine</i>
Evelyn Gurule, MD, PhD	<i>Johns Hopkins School of Medicine</i>
Melissa Lavoie, MD	<i>Johns Hopkins School of Medicine</i>
Zoe Luscher, MD	<i>Icahn School of Medicine at Mount Sinai</i>
Anna Yegiants, MD	<i>Case Western Reserve University School of Medicine</i>
James Zinko, MD	<i>Wayne State University School of Medicine</i>

*Completing an internship in Pediatrics and Johns Hopkins

PGY2 Residents

James Aluri, MD, MA	<i>Johns Hopkins University School of Medicine</i>
Allison Bailey, MD	<i>Johns Hopkins University School of Medicine</i>
Helen Bradshaw, MD	<i>Johns Hopkins University School of Medicine</i>
Elise Bennett, MD	<i>Sidney Kimmel Medical College at Thomas Jefferson</i>
Ilana Cohen, MD	<i>University of Maryland School of Medicine</i>
Sarah Collica, MD	<i>Johns Hopkins University School of Medicine</i>
Andrew Flagg, MD	<i>Johns Hopkins University School of Medicine</i>
Kevin Li, MD	<i>Sidney Kimmel Medical College at Thomas Jefferson</i>
Surinder Moonga, MD	<i>Stony Brook University School of Medicine</i>
Christian Romancheck, MD	<i>University of Cincinnati College of Medicine</i>
Julia Ross, MD	<i>Virginia Tech Carillon School of Medicine</i>
Alexandra Stolberg, MD, MPH	<i>University of Puerto Rico School of Medicine</i>
Hadas Zachor, MD	<i>University of Pittsburgh School of Medicine</i>

PGY3 Residents

Somya Abubucker, MD	<i>Johns Hopkins University School of Medicine</i>
Lisa Chen, MD	<i>Johns Hopkins University School of Medicine</i>
Evan Fletcher, MD	<i>Drexel University College of Medicine</i>

CURRENT & PAST RESIDENTS

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

PGY4 Residents

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

PAST PHIPPS RESIDENTS

CLASS OF 2019

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

CURRENT & PAST RESIDENTS

Jason Wexler, MD	Adult Psychiatrist <i>Private Practice</i>
Edgar Woznica, MD	Correctional Health Service Psychiatrist <i>Unity Health Case, Inc, Department of Corrections, Washington, DC</i>
Jeffrey Zabinski, MD	Fellowship, Consult-Liaison Psychiatry <i>New York University, New York, NY</i>
Claire Zachik, MD	Fellowship, Child & Adolescent Psychiatry <i>Massachusetts General Hospital, Boston, MA</i>
Ran Zhao, MD	Adult Psychiatrist <i>Institute of Living, Hartford, CT</i>

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2018

Steven Asbaghi, MD	Fellowship, Child & Adolescent Psychiatry <i>New York Presbyterian Hospital – Columbia/Cornell, New York, New York</i>
Natalie Beaty, MD	Adult Psychiatrist and Private Practice <i>The Johns Hopkins Hospital, Baltimore, MD</i>
Michael Bushey, MD, PhD	Adult Psychiatrist <i>Indiana University School of Medicine, Indianapolis, IN</i>
Scott Dewhirst, MD	Adult Psychiatrist <i>Sansum Clinic, Santa Barbara, CA</i>
Travis Klein, MD	Forensic Psychiatry Fellow <i>University of Maryland Medical Center</i>
Idris Leppla, MD	Consult Liaison Fellow <i>Johns Hopkins Bayview Medical Center</i>
Bharat Narapareddy, MD	Neuropsychiatry Fellow <i>Johns Hopkins Bayview Medical Center</i>
Kichul Pak, MD	Adult Psychiatrist <i>Institute of Living, Hartford, CT</i>
Crystal Salcido, MD	Research Fellow <i>Interdisciplinary Training Fellowship in Psychiatry and Neuroscience at Lieber Institute for Brain Development</i>
Lindsay Standeven, MD	Schweizer Fellow <i>Advanced Specialty Training Program in Reproductive Psychiatry at the Johns Hopkins Women's Mood Disorders Center</i>
Amy Tao, MD	Attending Psychiatrist <i>Intermountain Healthcare, Ogden, UT</i>
Anne Walsh, MD	Research Clinician Educator Fellow <i>Advanced Specialty Training Program in Psychiatry and Interim Deputy Director of Education at Johns Hopkins Bayview Medical Center, Baltimore, MD</i>
*Nadia Zaim	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2017

Reena Ardeshta, MD	Adult Psychiatrist <i>MedStar Harbor Hospital, Baltimore, MD</i>
Doug D'Agati, MD	Schweizer Fellow <i>Johns Hopkins Mood Disorders' Clinic</i>
Margaret Heine, MD	Locum Tenens Psychiatrist <i>Good Samaritan Regional Medical Center, Portland, OR</i>

CURRENT & PAST RESIDENTS

Cindy Huang, MD	Clinical Associate <i>Johns Hopkins Women's Mood Disorder Center</i>
Nadimire Jules-Dole, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
Janet Lee, MD, JD	Private Practice <i>Ellicott City, MD</i>
Nicole Leistikow, MD	Instructor <i>University of Maryland School of Medicine</i>
Sumit Naig, MD, PhD	Adult Psychiatrist <i>Happier Living at the Genen Group, West Hollywood, CA</i>
Virginia Pearson, MD	Medical Director of Admissions <i>Fairmount Behavioral Health, Philadelphia, PA</i>
Elizabeth Prince, DO	Fellowship, Psychosomatic Medicine <i>University of Maryland School of Medicine</i>
Stephanie Solazzo, MD	T32 Postdoctoral Fellowship, Addiction Research <i>Behavioral Pharmacology Research Unit, Johns Hopkins Bayview</i>
*Steven Woods, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2016

Michael Brown, MD	Adult Psychiatrist <i>People Encouraging People, Baltimore County, Maryland</i>
Ky Dorsey, MD	Adult Psychiatrist <i>McKay Dee Hospital, Ogden, Utah</i>
*Caitlin Engelhard, MD, PhD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
Alexis Hammond, MD, PhD	T32 Postdoctoral Fellowship, Addiction Research <i>Behavioral Pharmacology Research Unit, Johns Hopkins Bayview</i>
J. Gregory Hobelmann, MD, MPH	Staff Psychiatrist <i>Ashley Addiction Treatment, Havre de Grace, Maryland</i>
Katherine McEvoy, MBBCh	Fellowship, Women's Reproductive Psychiatry <i>The Johns Hopkins University</i>
David Mu, MD	Private Practice <i>Towson, Maryland</i>
Zina Meriden, MD	Adult Psychiatrist <i>Northwestern University</i>
Margo Nathan, MD	Fellowship, Women's Mental Health <i>Brigham and Women's Hospital</i>
Jerry Sayers, MD	Fellowship, Neuropsychiatry <i>Johns Hopkins Bayview</i>
*Nathalie Szilagyi, MD	Fellowship, Child & Adolescent Psychiatry <i>Yale Solnit Integrated Training Program</i>
Jacob Taylor, MD, MPH	Postdoctoral Fellow <i>Brigham and Women's Hospital, Stanley Center for Psychiatric Research of the Broad Institute</i>
Matthew Taylor, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
Elizabeth Wise, MD	Fellowship, Geriatric Psychiatry <i>The Johns Hopkins University</i>
Stelios Vantelas, MD	Locum Tenens Psychiatrist <i>Hawaii State Hospital, Kaneohe, Hawaii</i>

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2015

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

CLASS OF 2014

Charles Arthur, III, MD	Clinical Associate, Electroconvulsive Therapy <i>The Johns Hopkins University</i>
Helen Belleste, MD, MPH	Attending, DC Veterans Administration <i>Washington D.C.</i>
Teresa Foley, MD	Attending <i>Rochester, Minnesota</i>
Jessica Merkel-Keller, MD, MSc	Attending <i>MedStar Good Samaritan Hospital in Baltimore, Maryland</i>
Geneva Osteen, MD	Attending <i>Gallup Indian Medical Center in Gallup, New Mexico</i>
Minkyung Park, MD	Fellowship, Clinical Research <i>National Institute of Mental Health</i>
Joanna Pearson, MD	Clinical Associate <i>HRC Behavioral Health & Psychiatry in Chapel Hill, North Carolina</i>
Daniel Ruthven, MD	Clinical Associate, Eating Disorders <i>The Johns Hopkins Hospital</i>
Michael Silverberg, MD	Medical Director <i>Brandywine Hospital in Coatesville, Pennsylvania</i>

CLASS OF 2013

CURRENT & PAST RESIDENTS

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

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2012

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

CURRENT & PAST RESIDENTS

*Grace Thammasuvimol, MD Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2011

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

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

Mirnova Ceide, MD Fellowship, Geriatric Psychiatry
 SUNY Downstate

James Disney, MD Attending
Granville Health System in North Carolina

Sasikanth Doddapaneni, MD Fellowship, Geriatric Psychiatry
University of Hawaii

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

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

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

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

Vinay Parekh, MD Assistant Professor
 The Johns Hopkins Hospital

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

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

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

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

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

Jason Williams, MD Fellowship, Psychosomatic Medicine
George Washington University

James Yi, MD, PhD Fellowship, Child & Adolescent Psychiatry
The Children's Hospital of Pennsylvania

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2010

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

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

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

*Mary Cutler, MD Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

CURRENT & PAST RESIDENTS

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

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2009

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

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2008

*Marsha Austin, MD	Fellowship, Child & Adolescent Psychiatry <i>Columbia University-New York Presbyterian</i>
Ashley D. Bone, MD	Clinical Associate, Consultation-Liaison Psychiatry <i>The Johns Hopkins Bayview Medical Center</i>
*Candye J. DeLoatch, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
*Patrick M. Kelly, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>

CURRENT & PAST RESIDENTS

S. Shane Kondrad, MD	Fellowship, Forensic Psychiatry <i>Columbia University-New York Presbyterian</i>
Jennifer M. Meuchel, MD	Clinical Associate, Community Psychiatry Program <i>The Johns Hopkins Hospital</i>
Mireille M. Meyerhoefer, MD, PhD	Attending Psychiatrist, Neuropsychiatry Program <i>Lehigh Valley Hospital in Bethlehem, Pennsylvania</i>
Patricia S. Roy, MD	Instructor, Mood Disorders <i>The Johns Hopkins University</i>
Stanislav Spivak, MD	Fellowship, Psychiatric Epidemiology <i>The Johns Hopkins Hospital</i>
D. Andrew Tompkins, MD	Fellowship, Substance Abuse <i>The Johns Hopkins Bayview Medical Center</i>
Antoinette M. Valenti, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
Crystal C. Watkins, MD, PhD	Fellowship, Neuroimaging & Mood Disorders <i>University of Maryland School of Medicine</i>
*Short-tracked into Child and Adolescent Psychiatry	

CLASS OF 2007

Jason H. Addison, MD	Attending <i>Sheppard Pratt Hospital in Baltimore, Maryland</i>
Brian S. Appleby, MD	Fellowship, Geriatric Psychiatry <i>The Johns Hopkins Hospital</i>
Emily A. Bost-Baxter, MD	Fellowship, Affective Disorders <i>The Johns Hopkins Hospital</i>
Mina Brandes, MD	Attending <i>Sheppard Pratt Hospital in Frederick, Maryland</i>
*Joseph M. Cocozzella, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
Terri K. Crimmins-Tubb, MD	Fellowship, Geriatric Psychiatry <i>(to begin 2008)</i>
Molly K. Cummings-Gavin, MD	Private Practice <i>Baltimore, Maryland</i>
Ryan C.W. Hall, MD	Fellowship, Forensic Psychiatry <i>Case Western Reserve University</i>
Edward L. Kaftarian, MD	Fellowship, Forensic Psychiatry <i>University of California at Davis</i>
Cindy M.T. Le, MD	Faculty <i>University of California San Francisco</i> Medical Director, Threshold Services
Abby H. Morris, MD	Private Practice <i>Silver Spring, Maryland</i>
Frederick Nucifora, DO, PhD	Fellowship, Neurobiology <i>The Johns Hopkins Hospital</i>
Bradley J. Sadler, MD	Medical Director, Sexual Medicine Consultation Service <i>Sheppard Pratt Hospital in Baltimore, Maryland</i>
*Charles T. Sweet, MD	Fellowship, Child & Adolescent Psychiatry <i>Austin Medical Education Programs</i>
*Arman Taghizadeh, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins University</i>
Jennifer S. Teitelbaum, MD	Fellowship, Affective Disorders <i>The Johns Hopkins Hospital</i>

CURRENT & PAST RESIDENTS

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

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

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2006

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

CLASS OF 2005

Katherine P. Buchowski, MD, MPH	Fellowship, Geriatric Psychiatry <i>St. Louis University</i>
Andy P. Casimir, MD	Attending <i>New York Presbyterian Hospital in Westchester, New York</i>
Ana N. Cervantes, MD	Fellowship, Forensic Psychiatry <i>University of Maryland School of Medicine</i>
Niccolo D. Della Penna, MD	Faculty, Consultation-Liaison Psychiatry <i>University of Chicago</i>
Lawrence H. Dubester, MD, MBA	Attending <i>Franklin Square Hospital in Baltimore, Maryland</i>
Christopher J. Dull, MD, JD	Attending Psychiatrist, Private Practice and Centerstone <i>Nashville, Tennessee</i>
Jess G. Fiedorowicz, MD	Fellowship, Mental Health Clinical Research <i>University of Iowa</i>
*Elana Harris, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
*Vanessa C. Howells, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
Lucas P. Kempf, MD	Fellowship, Genes & Cognition & Psychosis <i>National Institute of Mental Health</i>

CURRENT & PAST RESIDENTS

Denise Leung, MD	Fellowship, Child & Adolescent Psychiatry <i>Columbia University-New York Presbyterian</i>
Phillip D. Kronstein, MD	Fellowship, Mood & Anxiety Disorders <i>National Institute of Mental Health</i>
Milena H. Smith, MD, PhD	Private Practice <i>Annapolis, Maryland</i>
Stacey V. M. Thompson, MD	Medical Director <i>University Counseling Services in Baltimore, Maryland</i>

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2004

Steven K. Chao, MD, PhD	Private Practice <i>Bethesda, Maryland</i>
Michelle M. Chuen, MD	Fellowship, Psychosomatic Medicine <i>University of Maryland School of Medicine</i>
Anisa D. Cott, MD	Attending <i>Sinai Hospital in Baltimore, Maryland</i>
Kenneth J. Garcia, MD	Attending <i>Samaritan Medical Center in Watertown, New York</i>
Evelyn E. Hazlett, MD	Associate Chief of Psychiatry <i>Kaiser Permanent in Fremont, California</i>
Scott A. Humphreys, MD	Fellowship, Forensic Psychiatry <i>University of Colorado</i>
Evan L. Jacobson, MD	Private Practice <i>Northern Virginia</i>
Cheryl L. Person, MD	Fellowship, Psychiatric Epidemiology <i>The Johns Hopkins School of Public Health</i>
Eric A. Samstad, MD	Private Practice <i>Bethesda, Maryland</i>
Nicholas J. Schor, MD	Private Practice <i>Bethesda, Maryland</i>
Matthew A. Schreiber, MD, PhD	Fellowship, Animal Models of Anxiety Disorders <i>University of California San Francisco</i>
Anthony C. Tamburello, MD	Fellowship, Forensic Psychiatry <i>University of Maryland School of Medicine</i>
Kathleen M. Young, MD	Fellowship, Child & Adolescent Psychiatry <i>Columbia University-New York Presbyterian</i>

CLASS OF 2003

Jerry R. Ainsworth, MD, PhD	Fellowship, Forensic Psychiatry <i>University of California Los Angeles</i>
Kamal H. Artin, MD	Faculty <i>University of Southern California</i>
R. Robert Auger, MD	Fellowship, Sleep Disorders <i>Mayo Clinic</i>
Azin E. Bekhrad, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
Christopher P. Carroll, MD	Fellowship, Addictions Psychiatry <i>The Johns Hopkins Bayview Medical Center</i>
Melva I. Green, MD	Fellowship, Health Policy <i>W.K. Kellogg Foundation</i>

CURRENT & PAST RESIDENTS

William E. Kulka, MD	Private Practice <i>San Francisco, California</i>
Michelle R. Lofwall, MD	Fellowship, Addictions Psychiatry <i>The Johns Hopkins Bayview Medical Center</i>
Evaristus A. Nwulia, MD	Fellowship, Psychiatric Genetics <i>The Johns Hopkins Hospital</i>
Graham Redgrave, MD	Faculty, Eating Disorders <i>The Johns Hopkins Hospital</i>
Thomas W. Sedlak, MD, PhD	Fellowship, Neuroscience <i>The Johns Hopkins Hospital</i>
Boglarka Szabo, MD	Fellowship, Affective Disorders <i>The Johns Hopkins Hospital</i>
Patrick T. Triplett, MD	Fellowship, Geriatric Psychiatry <i>The Johns Hopkins Hospital</i>

CLASS OF 2002

Rachel Becker, MD	Private Practice Baltimore-Washington Psychoanalytic Institute <i>Baltimore, Maryland</i>
Michael Bunzel, MD	Faculty Tel Hashomer / Sheba Hospital in Israel
Paul Cannistraro, MD	Fellowship, Anxiety Disorders <i>Massachusetts General Hospital</i>
Maciej Chodynicky, MD	Fellowship, Psychiatric Epidemiology <i>The Johns Hopkins Hospital</i>
Jillian Evans, MD	Fellowship, Consultation-Liaison <i>Fairfax/INOVA Hospital</i>
James Gallagher, MD, JD	Private Practice <i>Lynchburg, Virginia</i>
Allesa P. Jackson, MD	Faculty, The Community Psychiatry Program <i>The Johns Hopkins Hospital</i>
Diane A. Klein, MD	Fellowship, Eating Disorders <i>Columbia University-New York Presbyterian</i>
Ellen Li, MD	Fellowship, Geriatric Psychiatry <i>University of Washington</i>
Tara C. Patterson, MD	Fellowship, Addictions Psychiatry <i>University of Maryland School of Medicine</i>
Fabian M. Saleh, MD	Fellowship, Forensic Psychiatry <i>University of Massachusetts</i>
Stephen L. Shopbell, MD	Private Practice <i>Oshkosh, Wisconsin</i>

CLASS OF 2001

Saadia Alizai, MD	Fellowship, Forensic Psychiatry <i>University of Maryland School of Medicine</i>
David Blass, MD	Fellowship, Geriatric Psychiatry <i>The Johns Hopkins Hospital</i>
Susan Hobbs, MD	Private Practice <i>Baltimore, Maryland</i>
Edward Kurz, MD	Private Practice <i>Ridgeway, Pennsylvania</i>

CURRENT & PAST RESIDENTS

Alan Langlieb, MD, MPH	Faculty, Mental Health Service <i>The Johns Hopkins Hospital</i>
Ho-Chang Lee, MD	Fellowship, Epidemiology <i>The Johns Hopkins Hospital</i>
Cynthia Major, MD	Attending <i>National Health Service Corps in Maryland</i>
Jennifer Payne, MD	Fellowship, Affective Disorders <i>National Institute of Mental Health</i>
Nicola Sater, MD	Private Practice <i>Baltimore, Maryland</i>
Lisa Seyfried, MD	Fellowship, Affective Disorders <i>The Johns Hopkins Hospital</i>
Thomas Sixbey, MD	Private Practice <i>Annapolis, Maryland</i>
Ajay Wasan, MD	Fellowship, Anesthesia & Chronic Pain <i>Brigham and Women's Hospital</i>

CLASS OF 2000

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

CLASS OF 1999

Nicola Cascella, MD	Faculty, Community Psychiatry & Neuroimaging <i>The Johns Hopkins Hospital</i>
Todd Cox, MD	Faculty, Associate Residency Director <i>The Johns Hopkins Hospital</i>
Jerrold Gray, MD	Private Practice <i>Columbus, Ohio</i>
Jeffrey Hsu, MD	Faculty, Motivated Behaviors & Adolescent Addictions <i>The Johns Hopkins Hospital</i>

CURRENT & PAST RESIDENTS

Gary Lebendiger, MD	Private Practice <i>Atlanta, Georgia</i>
Paul Molinar, MD, JD	Faculty <i>Sheppard and Enoch Pratt Hospital in Baltimore, Maryland</i>
Tahir Rahman, MD	Private Practice <i>Kansas City, Missouri</i>
Vani Rao, MD, MBBS	Fellowship, Neuropsychiatry <i>The Johns Hopkins Hospital</i>
Irving Reti, MBBS	Fellowship, Neuroscience Research <i>The Johns Hopkins Hospital</i>
Vell Rives, MD	Private Practice <i>Washington D.C.</i>
Priscilla Cost, MD, PhD	Private Practice <i>Baltimore, Maryland</i>

CLASS OF 1998

Susan Bailey, MD	Attending, National Health Corps <i>Maine</i>
Alisa Busch, MD	Fellowship, Psychiatry Public Policy <i>Harvard University</i>
Jill Carlson, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
Anthony Drobnick, MD	Faculty, Affective Disorders <i>The Johns Hopkins Hospital</i>
Caroline DuPont, MD	Private Practice <i>Washington D.C.</i>
David Gotlib, MD	Fellowship, Child & Adolescent Psychiatry <i>The Johns Hopkins Hospital</i>
Benita Handa, MD	Faculty <i>Sheppard and Enoch Pratt Hospital in Baltimore, Maryland</i>
Sharon Handel, MD	Fellowship, Geriatric Psychiatry <i>The Johns Hopkins Hospital</i>
Angela Kim, MD	Fellowship, Forensic Psychiatry <i>University of Maryland School of Medicine</i>
Lisa Kim, MD	Faculty, Geriatric Psychiatry <i>The Johns Hopkins Bayview Medical Center</i>
James Potash, MD, MPH	Faculty, Affective Disorders & Emergency Psychiatry <i>The Johns Hopkins Hospital</i>

CLASS OF 1997

Andrew Angelino, MD	Faculty <i>University of Colorado</i>
William Belfar, MD	Fellowship, Forensic Psychiatry <i>Albert Einstein College of Medicine</i>
Gregory Creager, MD	Private Practice <i>Texas, Houston</i>
Leigh Ellison, MD	Faculty, Eating Disorders <i>The Johns Hopkins Hospital</i>
Phillip Grob, MD	Fellowship, Geriatric Psychiatry <i>University of Maryland School of Medicine</i>

CURRENT & PAST RESIDENTS

Elizabeth Kastelic, MD	Fellowship, Child & Adolescent Psychiatry <i>University of Pittsburgh</i>
Young Lee, MD	Private Practice <i>Northern Virginia</i>
Robert Morrison, MD, PhD	Private Practice <i>Baltimore, Maryland</i>
Paul Rivkin, MD	Fellowship, Neuroimaging <i>The Johns Hopkins Hospital</i>
Aliya Sayeed, MD	Fellowship, Public Psychiatry <i>Columbia University-New York Presbyterian</i>
Michael Shepherd, MD	Fellowship, Geriatric Psychiatry <i>University of Virginia</i>
Mark Winfrey, MD	Attending <i>Colorado State Hospital</i>

Section 8

THE JOHNS HOPKINS HOSPITAL

THE JOHNS HOPKINS HOSPITAL

THE HISTORY OF JOHNS HOPKINS

The Johns Hopkins Hospital was founded in 1889, the gift of Quaker merchant Johns Hopkins, who made his fortune in Baltimore and whose vision it was to unite in a single enterprise a threefold mission: to produce superior physicians, to seek new knowledge for the advancement of medicine, and to administer the finest patient care. William Osler held the appointment as the first physician-in-chief of the Hospital. In addition, William S. Halsted was appointed as surgeon-in-chief, William H. Welch as the first professor of pathology, and Howard A. Kelly as professor of obstetrics and gynecology. These were “The Four Doctors” immortalized in Sir John Singer Sargent’s famous painting, and together they ushered in the modern era of medical education, research, and comprehensive patient care.

The “Hopkins Experiment,” moving students and residents from the laboratory and the lecture hall to the patient’s bedside, changed the pattern of medical education in the United States and had a tremendously positive impact on patient care. Within two decades, the Hospital and the School of Medicine, the latter which was established in 1893, were models of medical and surgical care for the nation. This distinction remains intact after over 100 years. The Johns Hopkins Hospital and the Johns Hopkins School of Medicine are the founding institutions of modern American medicine and the birthplace of numerous traditions including “rounds,” “residents,” and “house staff.”

Two of the most far-reaching advances in medicine during the last 20 years were made at Hopkins. The Nobel Prize-winning discovery of restriction enzymes gave birth to the genetic engineering industry and can be compared, some say, to the first splitting of an atom. In addition, the discovery of the brain’s natural opiates has triggered an explosion of interest in neurotransmitter pathways and functions. Other significant accomplishments include the discovery of Vitamin D, the identification of the three types of polio virus, the development of closed-chest heart massage, and the first “blue baby” operation, which opened the way to modern heart surgery. Hopkins was the birthplace of many medical specialties, including neurosurgery, urology, endocrinology, pediatrics, academic psychiatry, and child psychiatry.

Today the Johns Hopkins Medical Institutions include state-of-the-art inpatient and outpatient facilities and research laboratories. The Johns Hopkins Hospital has over 1,000 beds, of which over 100 belong to the Adult and Child Psychiatric Services. The Department of Psychiatry provides general and subspecialty psychiatric care in its home, the Meyer Building, as well as throughout the general hospital and clinics.

THE DEPARTMENT OF PSYCHIATRY

After reading Clifford Beers's description of his own mental illness, *A Mind that Found Itself*, William Henry Welch, Dean of the Johns Hopkins medical faculty, ordered the creation of a Hopkins-affiliated psychiatric institute in 1908. Through the endowment of the philanthropist Henry Phipps, the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital was founded in 1908, the first academic psychiatry department in America. Hopkins psychiatry residents are known as the "Phipps Residents," in honor of the department's original benefactor. Adolf Meyer was the first professor of psychiatry at the Johns Hopkins Hospital and is considered the father of American psychiatry. The subspecialty of Child Psychiatry was founded at Johns Hopkins by Dr. Leo Kanner, the author of the first textbook in the field and the first to describe autism.

DEPARTMENT RANKINGS

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

FELLOWSHIPS

Fellowship opportunities in the department include Child and Adolescent Psychiatry, Geriatric Psychiatry, Neuropsychiatry, Neuroimaging, Affective Disorders, Substance Abuse, Public and Community Psychiatry, and Psychosomatic Medicine, as well as numerous research fellowships. Our department has a strong relationship with the Maryland Forensic Psychiatry Program. Additional fellowship options exist through the School of Public Health and Hygiene, particularly in the Department of Mental Health.

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

THE FACULTY

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

SALARY & BENEFITS

- Annual house staff salary for the 2019-2020 Academic Year:

PGY1	\$56,039
PGY2	\$58,402
PGY3	\$61,214
PGY4	\$63,776

- Vacations:
 - PGY I Two two-week vacations
 - PGY II Four one-week vacations
 - PGY III-IV Four weeks of vacation, up to two weeks at a time
- Hospital-wide benefits include health insurance, disability insurance, dental insurance, life insurance, white coats and scrubs, retirement fund contributions, and meals on-call.
- Maryland medical license fees and renewals are paid for by the department.
- Residents receive a yearly book budget.
- Lunch is provided four to five times per week for residents.

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

Section 9

BALTIMORE

BALTIMORE – “CHARM CITY”

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

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

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

BALTIMORE NEIGHBORHOODS

Part of Baltimore’s charm is the “small town” atmosphere found in its diverse neighborhoods. The following outlines the most popular locations our residents call home.

FELL’S POINT

Fell’s Point is a historic waterfront area, home to over 350 original colonial period buildings, including the oldest house in Baltimore, which is now a museum. The area remains an attraction for all ages, with numerous restaurants, pubs, boutiques, and antique shops. Fell’s Point is approximately one and a half miles south of the Johns Hopkins Hospital.

BALTIMORE

CANTON

Canton is a recently developed waterfront area adjacent to Fell's Point with numerous shops, clubs, bars, restaurants, and dessert spots. It is an area that attracts young professionals for exciting nightlife and relaxing Sunday brunches. Canton is approximately two miles southeast of the Johns Hopkins Hospital.

MOUNT VERNON

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

FEDERAL HILL

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

BOLTON HILL

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

CHARLES VILLAGE

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

HAMPDEN

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

MOUNT WASHINGTON

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

SURROUNDING BALTIMORE

Baltimore enjoys a central position on the East Coast. AMTRAK services in Baltimore are available at the newly renovated Penn Station, two miles from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30 minute trip), Philadelphia (90 minute trip), and New York City (three hour trip). The

B A L T I M O R E

Baltimore-Washington International Airport (BWI) is 12 miles from the city and offers a full range of national and international flights daily.

WASHINGTON D.C.

Washington D.C., with its myriad of historical and cultural attractions, is about a 45-minute drive from Baltimore. In addition to the Smithsonian, including the Air and Space Museum, the Museum of American History, and the National Gallery of Art, Washington D.C. offers a wide variety of restaurants, specialty shops, and bookstores.

ANNAPOLIS

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

WATERS

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

PARKS

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

APPENDIX

GRAND ROUNDS TOPICS

GRAND ROUNDS TOPICS FROM THE 2018-2019 ACADEMIC YEAR

Jennifer Payne, MD	<i>Stigma and Antidepressant Use during Pregnancy</i>
Chris Ross, MD, PhD	<i>The disease model and the perspectives of psychiatry: implications for education</i>
Jimmy Potash, MD, MPH	<i>Shedding Light on Depression</i>
Joe Bienvenu, MD, PhD	<i>Serotonin Syndrome</i>
Peter Zandi, PhD	<i>The Latest in Pharmacogenetic Testing in Mood Disorders</i>
Joe McGuire, PhD	<i>Tic Talk: Managing Tics and Tourette's Disorder</i>
Fred Nucifora, DO, MHS, PhD	<i>Treatment resistant schizophrenia as a subtype of the illness and ways to address heterogeneity in mental disorders</i>
Marco Grados, MD	<i>A Pediatric OCD Linkage Study: Cell Adhesion and Neuroplasticity in Anxiety and Neurodevelopmental Phenotypes</i>
Eric Strain, MD	<i>Why we wear white coats at Johns Hopkins Psychiatry</i>
Graham Redgrave, MD	<i>Character</i>
Bob Findling, MD	<i>The Clinical Salience of Pharmacokinetic and Drug Metabolism Studies in Pediatric Psychopharmacology</i>
Russ Margolis, MD	<i>Antipsychotic use in schizophrenia: Aim low, show patience</i>
Traci Speed, MD, PhD	<i>Traci Speed: Meyer's Loop: Multidisciplinary Pain Care in the Perioperative Setting</i>
Paul Rosenberg, MD	<i>Nonpharmacologic interventions for early Alzheimer's</i>
Alan Fruzzetti, PhD	<i>DBT with Parents, Partners, and Families</i>
Kostas Lyketsos, MD, MHS	<i>How technology is changing how we practice: telepsychiatry and other "teles."</i>
Angela Guarda, MD	<i>Eating Disorders: Behavior, Biology and Learning</i>
William Narrow, MD, MPH	<i>Disorders, Symptoms, Systems: Disentangling the Clinical Complexity of Mental Disorders</i>
Bernadette Cullen, MBBCh, MD	<i>Enhancing Care in the Outpatient Setting</i>
Art Kramer, PhD	<i>Exercising Your Brain and Mind</i>
Karen Swartz, MD	<i>Marijuana and Mood Disorders: Medical or Mayhem?</i>
Ken Stoller, MD	<i>Toward a modern SUD treatment system - Eliminating the drag</i>
Gerald Nestadt, MBBCh, MPH	<i>OCD & Doubt</i>
Susan Lehmann, MD	<i>Trends in Substance Use/Misuse Among Older Adults: Why We Need to be Concerned</i>
Elizabeth Reynolds, PhD	<i>Patient safety and Quality Improvements Efforts within the Child and Adolescent Psychiatric (CAP) Inpatient and Day Hospital services</i>
Fernando Goes, MD	<i>(es)Ketamine: the what(s), why(s), when(s) and how(s)</i>
Meg Chisolm, MD	<i>The Use of Electronic Communications-based Automated Technologies to Augment Traditional Mental Health Care</i>
Donna M. Sudak, MD	<i>Enhancing Patient Outcomes by Integrating CBT with Pharmacotherapy</i>
Akira Sawa, MD, PhD	<i>Two stories of microglia</i>

Glenn Treisman MD, PhD	<i>How can we help doctors and patients flourish?</i>
Paul Kim MD, PhD	<i>A Novel Anxiolytic Target</i>
Rebecca Landa, PhD	<i>Development of Autism Spectrum Disorder: Infancy to Middle Childhood</i>
Robert Neimeyer, PhD	<i>Intervening in Meaning: New Directions in Grief Therapy</i>

GRAND ROUNDS TOPICS FROM THE 2017-2018 ACADEMIC YEAR

James Potash, MD, MPH	<i>What Should a Psychiatrist know about Genetics?</i>
Akira Sawa, MD, PhD	<i>Causality in Clinical and Research Settings: from Precision to Global Psychiatry</i>
Karin Neufeld, MD, MPH	<i>Delirium Management and Prevention</i>
Robert Findling, MD, PhD	<i>A Review of the Pharmacotherapy of Pediatric Disruptive Behavior Disorders and Dysfunctional Aggression</i>
Russell Margolis, MD	<i>Recent Onset Schizophrenia: Dilemmas of Diagnosis and Treatment</i>
Frederick Berlin, MD, PhD	<i>Relationship of the Sex and Gender Clinic to the Johns Hopkins Center for Transgender Health</i>
Christopher Ross, MD, PhD	<i>A Neurogenetic Approach to Major Mental Illness</i>
Lauren Osborne, MD	<i>The National Curriculum in Reproductive Psychiatry</i>
Vinay Parekh, MD	<i>Harnessing the Electronic Medical Record in the Psychiatric Care and Education of Community patients: The Challenges and Potential</i>
Larry Wissow, MD, MPH	<i>Beyond the Band-Aid: Social Determinants as a Next Step in Integrated Care</i>
Barbara Fredrickson, PhD	<i>Positivity Resonates: Micro-moments of Positive Social Connections as Healing and Health Behaviors</i>
Roma Vasa, MD	<i>Mental Health Crisis in Youth with Autism Spectrum Disorder</i>
Karen Swartz, MD	<i>Accelerating Awareness: ADAP's National Expansion</i>
Paul Rosenberg, MD	<i>Neuropsychiatric Symptoms across the Alzheimer's Spectrum</i>
Daniel Ebert, MD, PhD	<i>Genetics of Bipolar Disorder and Schizophrenia</i>
Kostas Lyketsos, MD	<i>Aging Really Matters - New Directions in Understanding Late Life Neuropsychiatric Disorders</i>
Carisa Katherine Perry-Parrish, MA, PhD	<i>Parent Guilt and Distress following Pediatric Burn Injuries</i>
Jennifer Coughlin, MD	<i>Imaging the Nicotinic Acetylcholine Receptor in Neuropsychiatric Disorders</i>
Joan Kaufman, PhD	<i>Child Abuse, Psychopathology, and Recovery</i>
Meg Chisolm, MD	<i>Burnout among Medical Trainees</i>
Durga Roy, MD, MS	<i>Risk Factors, Correlates and Treatment of Depression after Traumatic Brain Injury</i>
Michael Kopelman, PhD	<i>Neuroscience, Memory, and the Law</i>
Angela Guarda, MD	<i>Treatment Outcomes and Eating Disorders: Time to Raise the Bar</i>
Christopher Hammond, MD	<i>Large-scale Brain Circuit Abnormalities in Adolescent Substance use and Mood Disorders: Trans-diagnostic Circuit-level Treatment Targets for Co-occurring Disorders</i>
Krista Huybrechts, MS, PhD	<i>Safety of Psychiatric Medication in Pregnancy</i>
Chiadi Onyike, MD	<i>Alzheimer Disease Variations at Different Life Stages (in adulthood, mid-life, and later)</i>
Bruce Wampold, MEd, PhD	<i>The Importance of Relationship in Healing: Placebos, Medicine, & Psychotherapy</i>
Tracy Vannorsdall, PhD	<i>Optimizing Mental Health and Cognitive Outcomes in Cancer Care</i>
Conor Liston, MD, PhD	<i>fMRI Biomarkers Define Novel Neurophysiological Subtypes of Depression</i>
Jin Hui Joo, MA, MD	<i>Reconstituting Health: Integrating Behavioral Health Services in JMAP, Johns Hopkins ACO</i>

Michael Smith, PhD *Towards Mechanisms of Sleep Disruption Hyperalgesia*

Eric Strain, MD *Opioid Use Disorder: Where we were, where we are, where we need to go*

GRAND ROUNDS TOPICS FROM THE 2016-2017 ACADEMIC YEAR

Kostas Lyketsos, MD *At the Dawn of Precision Psychiatry*

Akira Sawa, MD, PhD *Brain of No-more Brain: Paradox of Psychiatry*

Jason Brandt, PhD *The Amazing Memory Man*

Karen Swartz, MD *Suicide in Physicians*

Glenn Treisman, MD *The Opiate Epidemic in the U.S.*

Michael Clark, MD *Preventing Chronic Pain OR Alternatives to Chronic Opioid Therapy*

Patrick Finan, PhD *Mechanisms of Resilience in Chronic Pain: A Focus on Positive Affect*

Daniel Ebert, MD, PhD *Rett Syndrome: Implications for Epigenomics of Psychiatric Disorders*

George Bigelow, PhD *Addictions: Behavioral Pharmacological Developments*

Lauren Osborne, MD *The Role of the Immune System in Perinatal Psychiatric Illness*

Chiadi Onyike, MD *Utility of Psychometric Tests for Capturing Change in the Frontotemporal Dementias*

Graham Redgrave, MD *Eating Disorders in Older Adults*

Eric Storch, PhD *Randomized Controlled Trial of D-Cycloserine versus Placebo Augmentation of Cognitive Behavioral Therapy for Pediatric Obsessive-Compulsive Disorder*

Elizabeth Reynolds, PhD *Implementation of Positive Behavioral Interventions and Supports (PBIS) on the JHH Child and Adolescent Psychiatric Inpatient Service*

Eric Strain, MD *The Behavioral Perspective: First Among Equals*

Jennifer Coughlin, MD *Understanding Sports-Related TBI Through Imaging*

Denis Antoine, MD *The Cornerstone at Helping Mission Clinic: Perspectives from an Embedded Practice*

John Lipsey, MD *Insight in Clinical Psychiatry*

Priyanthy Weerasekera, MD *The McMaster Psychotherapy Program: An Evidence-Based Approach to Training*

Jessica Peirce, PhD *PTSD and Drug Use: Links in the Chain*

James Griffith, PhD *Samuel Novey Lecture in Psychological Medicine*

Michael Smith, PhD *Cognitive Behavior Therapy for Insomnia*

Karin Neufeld, MD, MPH *Wernicke' Encephalopathy: An Important Cause of Delirium in the Acute Inpatient Setting*

Christopher Hammond, MD *Neurobiological Predictors and Mechanisms of Treatment Response for Adolescent Substance Use Disorders: Towards a Developmentally-Informed Recovery Model*

Meg Chisolm, MD *Bedside Education in the Art of Medicine*

Vidya Kamath, PhD *Abnormal Eating Behaviors in Frontotemporal Dementia*

Robert Freeman, MD *Allene Rubin Memorial Lecture*

Angela Guarda, MD *Eating Disorders*

Rheanna Platt, MD *Pediatric Integrated Care*

Susan Carnell, PhD *Neurobehavioral Influences on Body Weight*

GRAND ROUNDS TOPICS FROM THE 2015-2016 ACADEMIC YEAR

- J. Raymond DePaulo, Jr., MD *Educational Foundation of Medical Practice*
 Eric Strain, MD *Opioid Dependence and Its Treatment*
 Geetha Jayaram, MD *The use of Rapid Response Teams in Psychiatry*
 Fred Nucifora, PhD, DO, MHS *Early Phases of Clozapine Clinic*
 Claudia Campbell, PhD *Disparities in pain: Ethnic differences in pain perception*
 Jennifer Payne, MD *Antidepressant Use in Pregnancy: The Myths, The Realities, The Stigma*
 Graham Redgrave, MD *Reducing Harm Reduction in Severe and Enduring Anorexia Nervosa*
 Jennifer Haythornthwaite, PhD *Womens' Careers in Academic Medicine and the Importance of Mentoring*
 Karen Swartz, MD *Guilt*
 Carisa Perry-Parrish, MD *Child and parent coping with medical stress: an emotion regulation perspective*
 Karen Seymour, PhD *Emotion Regulation in ADHD*
 Akira Sawa, MD, PhD *Psychosis in transcultural psychiatry*
 Quincy Samus, PhD *Advancing Family-Centered Dementia Care Models: the MIND at Home studies*
 Constantine Lyketsos, MD, MHS *Deep Brain Stimulation for Alzheimer's Disease?*
 Susan Lehmann, MD *Geriatric Psychiatry*
 Angela Guarda, MD *Eating Disorders*
 Lynn Taylor, MD *The significance of Psychotic Symptoms in Children and Adolescents*
 Jin Hui Joo, MA, MD *Engaging Older Adults in Depression Care: An Innovative Model Using Peer Mentors*
 John Lipsey, MD *Why we need large, diverse, and specialty: focused inpatient units*
 Michelle Horner, DO *Developmental Perspectives: Early Risk Factors for Substance Use Disorder*
 Meg Chisholm, MD *Alternative metrics for measuring scholarly impact: What academic psychiatrists need to know*
 Jason Brandt, PhD *Update in Neuropsychology*
 Vani Rao, MD, MBBS *Neuropsychiatry of The Traumatized Brain*
 Kelly Dunn, PhD *The Opioid Withdrawal Syndrome and Detoxification Strategies*
 Christopher Ross, MD, PhD *Neuropsychiatric Disorders*

GRAND ROUNDS TOPICS FROM THE 2014-2015 ACADEMIC YEAR

- J. Raymond DePaulo, Jr., MD *The DSM, RDocs, and the Perspectives: Where do they all fit?*
 Karen Swartz, MD *The Role of the Attending: Leading the Multidisciplinary Inpatient Treatment Team*
 Jason Brandt, PhD *The Neuropsychologically Impaired Physician*
 Robert Findling, MD, PhD *Lithium in Pediatric Psychopharmacology*
 Gerald Nestadt, MD *OCD & doubt*
 Glenn Treisman, MD *What is the Eugene Meyer III Professor of Psychiatry supposed to do?*
 Daniel Weinberger, MD *The Simple Truth about the Genetic Complexity of Schizophrenia*
 Christopher Ross, MD, PhD *Neuropsychiatric disorders: from models to medicines*
 Thomas Sedlak, MD, PhD *What's new in GLU - Oxidative stress and Glutamate pathways in Psychiatry*
 Louis Hagopian, PhD *Subtypes of self-injurious behavior in autism and intellectual disabilities*
 Elizabeth Winter, MD *Caring for Outpatients with Terminal Medical Conditions*
 Dean MacKinnon, MD *Perspectives across the Genes to Society curriculum*

- Meg Chisolm, MD *Addiction Medicine Education*
- Mark Mahone, MA, PhD *Primary Complex Motor Stereotypies in Children: Pathophysiology, Phenotypes, and Treatment*
- Akira Sawa, MD, PhD *Attenuated psychosis syndrome: DSM, RDoC, and our perspectives*
- Irving Reti, MD *Electroconvulsive Therapy Review*
- Gregory Pontone, MD *Cognition and Emotional Processing in Parkinson disease*
- Bernadette Cullen, MD *Performing Research in the Out-patient Clinic Setting*
- John Lipsey, MD *Patient Suicides—the Impact on Psychiatrists*
- Mikhail Pletnikov, MD *Gene-environment interactions in psychiatric disorders: a basic research perspective*
- Andrew Angelino, MD *“Population Health” in Howard County*
- Rebecca Landa, MD *Development in infants at heightened risk for autism spectrum disorders*
- Chiadi Onyike, MD *Familial Frontotemporal Degeneration*
- Jennifer Coughlin, MD *Sports-related mild traumatic brain injury*
- Michael Clark, MD *Chronic Pain*
- Graham Redgrave, MD *A perspectives-based approach to tough cases*
- Elizabeth Kastelic, MD *Mental Health Concerns of Students in University Settings*
- David Schretlen, MD *The use of tDCS as an adjunctive treatment for schizophrenia*
- Peter Zandi, PhD *Pharmacogenetics of Psychotropics*
- Michael Smith, MD *Mechanisms, Implications for Prevention and Management*
- Pat Triplett, MD *Suicide Screening, Assessment and Documentation*
- Fernando Goes, MD *What’s New in Genetics of Bipolar Disorder*
- Peter Rabins, MD *Aging with Autism Spectrum Disorder*

GRAND ROUNDS TOPICS FROM THE 2013-2014 ACADEMIC YEAR

- J. Raymond DePaulo, Jr., MD *Patient and Family-Centered Care*
- O. Joseph Bienvenu, MD, PhD *Personality Traits and Anxiety Disorders*
- Akira Sawa, MD, PhD *Metabolic Problems in Schizophrenia*
- Glenn Treisman, MD, PhD *Hepatitis C, HIV, and Psychiatry: Closing the Loop on Comorbidity*
- Michael Kidorf, MD *A Novel Community Support Intervention for Substance Abuse*
- Susan Lehmann, MD *Geriatric Bipolar Disorder*
- David Schretlen, PhD *Neural Substrates of Intact Cognition in Schizophrenia*
- Holly Wilcox, MD *Suicide Risk*
- Irving Reti, MBBS *Electroconvulsive Therapy: Mechanism of Action and Implications for Treatment*
- Cynthia P. Munro, PhD *Why Does the Diagnosis of Alcohol Dementia Persist?*
- Margaret S. Chisolm, MD *Social Media Use for Professional Development*
- Gregory Pontone, MD *Parkinson's Dementia*
- Karin Neufeld, MD, MPH *The Use of EEG in Delirium Detection*
- Kellie Tamashiro, MD *Developmental Origins of Health and Disease*
- Eric Strain, MD *Is There Harm in Harm Reduction?*
- Karen Swartz, MD *Why We Still Love Lithium*
- Michael Clark, MD *Chronic Pain*

- Russell Margolis, MD *Acute Management of Agitation in the Severely Mentally Ill*
 Jennifer Payne, MD *Postpartum Depression*
 Paul Rosenberg, MD *Prevention of Alzheimer's Disease*
 Jeffrey Janofsky, MD *Suicide Risk Assessment and Prevention*
 Peter Rabins, MD, MPH *Very Late Onset Dementia*
 Graham Redgrave, MD *Safety and Effectiveness of Rapid Refeeding in Anorexia Nervosa*
 Kenneth Stoller, MD *Collaborative Care in the Treatment of Substance Use Disorders*
 Roma Vasa, MD *Anxiety in Youth with Autism Spectrum Disorders*
 Geetha Jayaram, MD *Global Mental Health: Community Psychiatry in Rural India*
 Constantine Lyketsos, MD, MHS *Behavioral Health Care Integration at Hopkins: Challenges and Progress*
 Elaine Tierney, MD *Cholesterol in Autism Spectrum Disorder*
 Christopher Ross, MD, PhD *Neuropsychiatric Disorders: From Models to Medicines*
 Karen Swartz, MD *The Adolescent Depression Awareness Program's Expansion: Nationwide and Beyond the Classroom*

GRAND ROUNDS TOPICS FROM THE 2012-2013 ACADEMIC YEAR

- J. Raymond DePaulo, Jr., MD *Meyer to McHugh: The Patient Examination and Formulation*
 Glenn Treisman, MD, PhD *Doctor, Lawyer, Indian, Chief: What Do We Want To Be When We Grow Up*
 O. Joseph Bienvenu, MD, PhD *Post-ICU Syndrome: What Is It and What Can We Do About It?*
 Andrew Tompkins, MD *Understanding the Complicated Relationship of Pain and Addiction: A Humble Beginning*
 Golda Ginsburg, PhD *Pediatric Anxiety Disorders: Treatment Response, Remission, and Durability*
 Michael Clark, MD, MPH, MBA *Chronic Pain*
 Geetha Jayaram, MBBS, MBA *Safe Care is Cheaper Care: Performance Improvement Initiatives*
 Adam Kaplin, MD, PhD *Of Mice and Men: SCUBA, Suicide and Serotonin.*
 Russell Margolis, MD *Choice of Antipsychotics*
 Vani Rao, MD, MBBS *State of the Science on Traumatic Brain Injury*
 Jason Brandt, PhD, ABPP *Neuropsychological Testing and Assessment*
 Matt W. Specht, PhD *Non-Pharmacological Treatment of Tourette's Disorder*
 Peter Rabins, MD, MPH *Hippocampal sclerosis: A New Type of Dementia?*
 Andrew Angelino, MD *PKU Psychiatry: What We've Learned from 30 Years of Healthcare Integration In HIV*
 Patrick Carroll, MD *Opioids: What We Don't Know Can Hurt Us*
 Michael Smith, PhD *Cognitive-Behavioral Treatment for Insomnia*
 Constantine Lyketsos, MD, MHS *Maintaining Independence at Home.*
 Frank Mondimore, MD *TMS for Beginners*
 Jeffrey Hsu, MD *Substance Abuse*
 Angela Guarda, MD *Eating Disorders*
 Fernando Goes, MD *Genome Sequencing in Research and in the Clinic*
 Robert Findling, MD, PhD *Diagnostic Considerations in Pediatric Bipolar Disorder*
 Louis Hagopian, MS, PhD *Behavioral Assessment and Treatment of Severe Problem Behavior in Autism and Intellectual Disabilities*

Paul McHugh, MD	<i>Beyond the Perspectives of Psychiatry</i>
Gerald Nestadt, MBBCH, MPH	<i>Obsessive-Compulsive Disorder</i>
Vinay Parekh, MD	<i>Integrating Phipps psychiatry in the community: lessons from EBMC</i>
John Lipsey, MD	<i>Catatonia</i>
Anita Everett, MD	<i>Behavioral Health and Health Behavior in J-CHiP: Strategies for Better Health, Better Care, and Healthcare Cost Trend Bending</i>
Eric Strain, MD	<i>Substance Abuse</i>

GRAND ROUNDS TOPICS FROM THE 2011-2012 ACADEMIC YEAR

J. Raymond DePaulo, Jr., MD	<i>Psychiatry and Behavioral Sciences in the Patient-Centered Medical Home</i>
Glenn Treisman, MD, PhD	<i>Borderline Personality Disorder Redux</i>
Vani Rao, MD, MBBS	<i>Psychiatric Aspects Of TBI: No Longer the Silent Epidemic</i>
Cynthia Munro, PhD	<i>What Can We Learn from Sex Differences in Psychiatric Disorders?</i>
Graham Redgrave, MD	<i>Functional Connectivity in Anorexia Nervosa</i>
Frank Mondimore, MD	<i>What Is the Real Cost of Mental Illness?</i>
Kenneth Stoller, MD	<i>Using Systems to Maximize Addiction Treatment Outcome</i>
Marco Grados, MD, MPH	<i>Pediatric Obsessive-Compulsive Disorder with Tourette and ADHD: One Basal Ganglia Disorder?</i>
Peter Rabins, MD, MPH	<i>Life Course of Autism Spectrum Disorder</i>
Eric Strain, MD	<i>Medications for the Treatment of Alcohol Dependence</i>
Christopher Ross, MD, PhD	<i>Stem Cell and Imaging Biomarkers of Neuropsychiatric Disorders</i>
Gregory Pontone, MD	<i>Anxiety in Parkinson's Disease: Biomarkers to Guide Rational Treatment</i>
Mark Mahone, PhD	<i>ADHD, Reading, and the Fourth Grade Slump: Lessons Learned from Brain Mapping and Neurobehavioral Assessment</i>
Karen Swartz, MD	<i>The Role of Antidepressants in the Treatment of Bipolar Depression</i>
Jason Brandt, PhD	<i>Amnesia</i>
Paul Rosenberg, MD	<i>New Approaches to Alzheimer's Treatment</i>
Jennifer Payne, MD	<i>Premenstrual Symptoms in Mood Disorders</i>
Angela Guarda, MD	<i>Anorexia Nervosa and Treatment: Motivated...to Feel Good or to Get Better?</i>
Karin Neufeld, MD, MPH	<i>Delirium among Elders Following General Anesthesia</i>
Thomas Sedlak, MD, PhD	<i>Beyond the Smoke and Mirrors: Marijuana in the Brain</i>
Adam Kaplin, MD, PhD	<i>Through A Glass, Darkly: Coming Face to Face with the Mind-Brain Schism</i>
Chiadi Onyike, MD, MHS	<i>Genetics and Phenomenology</i>
Akira Sawa, MD, PhD	<i>Is Schizophrenia a Systemic Disease? A Clue for Novel Drug Discovery</i>
Russell Margolis, MD	<i>Use and Misuse of Antipsychotics</i>
Gerald Nestadt, MBBCH, MPH	<i>Obsessive-Compulsive Disorder</i>
Paul McHugh, MD	<i>The Perspectives of Psychiatry and the DSM</i>
O. Joseph Bienvenu, MD, PhD	<i>Anxiety Disorders</i>
Jennifer Haythornthwaite, PhD	<i>Does Inflammation Mediate the Effects of Psychological Factors on Pain and Disability?</i>
Susan Lehmann, MD	<i>Geriatric Mood Disorders</i>
Bernadette Cullen, MBBCh	<i>Aspects of Service Delivery in Community Psychiatry</i>
Una McCann, MD	<i>The Obsessive-Compulsive Disorder Epidemic in Baltimore</i>
Pat Triplett, MD	<i>Emergency Psychiatry</i>
Elizabeth Kastelic, MD	<i>Challenges of Diagnosing and Treating Psychiatric Conditions in College Students</i>

RESEARCH CONFERENCE TOPICS

RESEARCH CONFERENCE TOPICS FROM THE 2017-2018 ACADEMIC YEAR

Peter Zandi, PhD	<i>Build it and they will come? An Infrastructure for the Future of Research in Psychiatry</i>
Timothy Moran, PhD	<i>Modeling Binge Eating Disorder: Cognitive Consequences and Effects of Exercise</i>
Kelly Dunn, PhD	<i>Opioid Use Disorder Treatment: Research and Future Directions</i>
Johannes Thrul, PhD	<i>Using Ecological Momentary Assessment to Investigate Young Adult Substance use in the Natural Environment</i>
Mario Macis, PhD	<i>Incentives, Ethics, and Tradeoffs in the Economics of Body Parts</i>
Richard Lee, PhD	<i>Role of Glucocorticoids in Psychiatry</i>
Quincy Samus PhD	<i>Research Update on the MIND at Home Studies for Improving Community-based Dementia Care: Early Learnings and Next Steps</i>
PhD Arnold Bakker,	<i>Neuroimaging Approaches to Memory and Memory Impairment in Aging and Disease</i>
Maged M Harraz, MBBCh, MSc, PhD	<i>Novel Target of Cocaine Mediates Stimulant Effect via Autophagy</i>
Kenneth Silverman, PhD	<i>Utility of Operant Conditioning to Address Poverty-Related Health Disparities</i>
Roland Griffiths, PhD	<i>Psilocybin: History, Neuropsychopharmacology, and Clinical Applications</i>
Mikhail V Pletnikov, MD, PhD	<i>Astrocyte Dysfunction and Psychiatric Disorders: a Research Program</i>
Geoffrey Schoenbaum, MD, PhD	<i>Branch Chief, NIDA-IRP Topic: Tests of Two Key Predictions of the Hypothesis that Dopamine Transients Serve as a Cached-value Error-signaling System for Learning</i>
Stewart H Mostofsky, MD	<i>Moving to Improve Behavioral Control in Children with ADHD: Findings from a Preliminary Study of Mindful Movement</i>
Mary A Fristad, PhD, ABPP	<i>Non-Pharmacologic Interventions for Childhood Mood Disorders</i>
Joyce Chang, PhD	<i>Adaptive Clinical Trials</i>
Melvin G McInnis, MD, FRCPsych	<i>The Prechter Cohort: a Longitudinal Study of the Etiology and Course of Bipolar Disorder</i>
Renee Johnson, PhD	<i>Trends in Adolescent Marijuana use in two Recreational Marijuana Law states: Washington and Colorado</i>
Robert E McCullumsmith, MD, PhD	<i>Neuron-Specific Deficits of Neuroenergetic Processes in Schizophrenia: Implications for Development of New Treatment Strategies</i>
Frank Keefe, PhD	<i>Pain Catastrophizing and Virtual Reality tx</i>
Chiadikaobi Onyike, MBBS, MD	<i>Cerebellar Correlates of Cognitive and Motor Dysfunctions in the Cerebellar Ataxias</i>
Alan Anticevic, PhD	<i>Computational Psychiatry: Characterizing Mechanisms Through Convergence of Neuropharmacology, Neuroimaging and Biophysical Modeling</i>
Thomas Gould, PhD	<i>Neurophysiological and Psychosocial Correlates of Reward Processing in Adolescent The Impact of Developmental Nicotine Exposure on Learning and Hippocampal Function</i>
Jessica Peirce, PhD	<i>Treating Post Traumatic Stress Disorder in Substance Use Disordered Patients</i>
Gianluca Ursini, MD, PhD	<i>Schizophrenia Risk – Who, When, and Where</i>
Trang Nguyen, PhD	<i>Mediation Analyses</i>
Cherie Lynn Marvel, PhD	<i>Attention-to-Reward within HIV+ & Drug-Addicted Individuals</i>
Martin Franklin, PhD	<i>Effectiveness of exposure-based treatments for pediatric OCD</i>

Kellie L. K. Tamashiro, PhD	<i>Anorexia Nervosa: Behavioral and Neurobiological Insights Using Animal Models</i>
Gail Daumit, MD, MHS	<i>Interventions to Decrease Cardiovascular Risk in Serious Mental Illness</i>
Vikram Chib, PhD	<i>Computational Characterization of Motivated Performance</i>
Daniel R Weinberger, MD	<i>Genes to Drugs in Psychiatry: Rumpelstiltskin or Bust</i>
Susan Carnell, PhD	<i>Appetite and Body Weight in Children and Adults: Behavioral and Neuroimaging Studies</i>
Andrew Holmes, PhD	<i>Neural Circuits underlying Fear and Anxiety</i>

RESEARCH CONFERENCE TOPICS FROM THE 2016-2017 ACADEMIC YEAR

Karin J. Neufeld, MD, MPH	<i>Delirium Research at Johns Hopkins</i>
Jin Hui Joo, MA, MD	<i>What Do Peers Say to Patients? Communication Strategies Used by Peer Mentors to Relieve Depressive Symptoms</i>
O. Joseph Bienvenu, III, MD, PhD	<i>Psychological Distress Phenomena After Acute Respiratory Distress Syndrome – A 5-Year Longitudinal Study</i>
Alan “Lanny” Berman, PhD	<i>Rethinking Suicide Risk Assessment: A Data-Informed Approach</i>
Elizabeth A. Stuart, PhD	<i>Why Should We Care About Who Enrolls in a Randomized Trial? Assessing and Enhancing the Generalizability of Trials to Target Populations</i>
Adam P. Spira, PhD	<i>Is Disturbed Sleep a Risk Factor for Dementia?</i>
Charles W. Bradberry, PhD	<i>Contrasting Roles of Orbitofrontal and Anterior Cingulate Cortices in Models of Cocaine Dependence</i>
Gregory Pontone, MD	<i>Cognitive Impairment in Parkinson’s Disease</i>
Irving M. Reti, MBBS, MD	<i>Neuromodulation for Intractable Self-Injurious Behavior Associated with Autism Spectrum Disorder: A Translational Study</i>
Marco A. Grados, MD, MPH	<i>Research in the Pediatric OCD Phenotype: Clinical and Research Implications</i>
Kafui Dzirasa, MD, PhD	<i>Driving Emergent Networks to Promote Resilience</i>
Kamal Sharma, PhD	<i>Genetics of Neuropsychiatric Disorders: A Perspective on Synaptic Failure</i>
Jennifer L. Payne, MD	<i>A Double-Blind, Placebo Controlled Trial of Valacyclovir in Cognitive Impairment Associated with Bipolar Disorder and HSV-1</i>
Andrew E. Jaffe, PhD	<i>Developmental and Genetic Regulation of the Human Frontal Cortex Epigenome and Transcriptome in Schizophrenia</i>
Kyran Tsapkini, PhD	<i>Transcranial Direct Current Stimulation in Primary Progressive Aphasia</i>
Paul B. Rosenberg, MD	<i>Neuropsychiatric Symptoms in Preclinical Alzheimer’s Disease</i>
Jennifer A. Haythornthwaite, PhD	<i>The Role of Pain Catastrophizing in the Development and Maintenance of Chronic Pain</i>
Glenn J. Treisman, MD, PhD	<i>Interstitial Psychiatry</i>
Jonathan Flint, MD	<i>The Genetic Basis of Depression</i>
Deborah Gross, DNSc, RN, FAAN	<i>Young Children’s Behavioral Health: Why We Need to Invest in School-based Parenting Interventions</i>
Michael S. Kidorf, PhD	<i>Community Support Intervention for Opioid Users</i>
Steven Siegel, MD, PhD	<i>G-Wiz: Genome-Wide Zeitgeist: Moving from Etiology to Pathophysiology-based Animal Models of Schizophrenia</i>
Christopher J. Hammond, MD	<i>Neurophysiological and Psychosocial Correlates of Reward Processing in Adolescent Cannabis and Tobacco Users and Healthy Controls</i>
Mark Olfson, MD, MPH	<i>Self-Harm in the Emergency Department: A Missed Opportunity for Suicide Prevention</i>

Jason C. Ong, PhD	<i>Sleep Wars: The Force Awakens</i>
Daniel R. Weinberger, MD	<i>Psychosis ver 2017</i>
Katherine P. Rankin, PhD	<i>Neural Networks Underlying Empathy in Health and Neurogenerative Disease</i>
John Geddes, MD, FRCPsych	<i>Rediscovering Drug Discovery in Bipolar Disorder</i>
Kellie L. K. Tamashiro, PhD	<i>Anorexia Nervosa: Behavioral and Neurobiological Insights Using Animal Models</i>
Catherine Stanger, PhD	<i>Using Incentives to Motivate Abstinence Among Substance-Using Teens: A Family-Based Approach</i>
Mary M. Sweeney, PhD	<i>The Buzz on Caffeine: Energy Drinks, Alcohol, and Caffeine Use Disorder</i>
Kaj Blennow, Docent	<i>Ossoff Lecture</i>
Scott D. Halpern, MD, PhD, M.Bioethics	<i>Paying Patients for Research Participation and Organ Donation: Undue, Unjust, or Unclear?</i>
Sharon L. Larson, PhD	<i>A New Bag of Tricks for Delivering Behavioral Health Care: Translating Our Work in a Learning Health System</i>
Rochelle E. Tractenberg, PhD, MPH, PStat, FASA	<i>On the Obsolescence of Group Means for Clinical Trials in Psychiatry</i>

RESEARCH CONFERENCE TOPICS FROM THE 2015-2016 ACADEMIC YEAR

Daniel H. Ebert, MD, PhD	<i>Activity-Dependent Phosphorylation of MeCP2 and Rett Syndrome</i>
Raye Z. Litten, PhD	<i>Strategies to Increase the Efficiency and Effectiveness of NIAAA's Medications Development Program</i>
Jonathan P. Ling, PhD	<i>TDP-43 Represses Cryptic Exons in FTD: Therapeutic and Diagnostic Potentials</i>
Fred Nucifora, Jr. DO, MHS, PhD	<i>Ubiquitination as a Signal for Protein Aggregation and a Link Between Neurodegenerative and Psychiatric Disorders</i>
Nicole Avena, PhD	<i>Empirical Evidence of Addiction to Highly-Palatable Foods</i>
Rashelle J. Musci, PhD	<i>Decomposing Internalizing Symptoms Across Adolescence: Implications for Genetics and the Environment</i>
Dinesh Bhugra, MBBS, PhD	<i>Role of Culture in Mental Illness</i>
Colleen Barry PhD, MPP	<i>Communication Research to Inform Stigma Reduction</i>
Jeremy Veenstra-VanderWeele, MD	<i>Pathways to New Treatments in Autism Spectrum Disorder</i>
Edward Huey, MD	<i>What Can Patients With Brain Injury and Neurodegenerative Illness Teach Us About Psychiatry?</i>
John Kelsoe, MD	<i>Genetic Networks for Bipolar Disorder and Lithium Response</i>
Joel Kleinman, MD, PhD	<i>Genetic Variation and Alternative Transcripts in Human Brain Development and Schizophrenia</i>
Kimberly M. Christian, PhD	<i>Integrating Animal Models and Human iPSCs to Study Psychiatric Disorders</i>
Dror Ben-Zeev PhD	<i>Mobile Health (mHealth) for Serious Mental Illness</i>
Ryan Vandrey, PhD	<i>Breaking Developments in Research: Randomized Trial of Reduced-Nicotine Standards for Cigarettes</i>
Hashimoto-Torii Kazue, PhD	<i>The Molecular Defense Mechanisms Deployed by the Developing Brain Against Environmental Stress</i>

Matthew W. Johnson, PhD	<i>Combining Behavioral Economics and Behavioral Pharmacology to Understand the Link Between Cocaine use and HIV Sexual Risk Behavior</i>
Tania Gendron, PhD	<i>Molecular Mechanisms of Neurodegeneration Associated with the C9ORF72 Mutation</i>
Marc G. Caron, PhD	<i>Functional Selectivity of GPCR Signaling: Physiological Implications and Therapeutic Potentials</i>
Ellen Leibenluft, MD	<i>Diagnosis and Pathophysiology of Bipolar Disorder and Severe Irritability in Youth</i>
Michelle C. Carlson, PhD	<i>Development of a Mobile Activity Platform to Integrate Patients' Daily Physical, Social and Cognitive Functions in Real Time</i>
Suzanne Haber, PhD	<i>From Primate Anatomy to Human Neuroimaging: Linking Circuits to Psychiatric Disease and Neurotherapeutic Targets</i>
Susan Carnell, PhD	<i>Obesity in Children and Adults: A Biobehavioral Approach</i>
Alexander J. Shackman, PhD	<i>The Neurobiological Bases of Dispositional Anxiety</i>
Stacey Sigmon, PhD	<i>Developing and Evaluating Novel Treatments for Opioid Dependence</i>
Gil Rabinovici, MD	<i>Clinical Utility of Amyloid and Tau PET Imaging</i>
BJ Casey, PhD	<i>Treating the Developing Versus Developed Brain: Translating Preclinical Mouse and Human Imaging Studies</i>
Matthew W. State MD, PhD	<i>Exploring Space and Time in Autism Spectrum Disorder</i>
William Carlezon, PhD	<i>Roles for Kappa-Opioid Receptors in Stress</i>
Lori Raney MD	<i>Integrating Behavioral Health and Primary Care</i>
Zul Merali, PhD	<i>Worldwide Impact of Depression: National and Global Approaches</i>
Ellen Leibenluft, MD	<i>Irritability: Lessons Learned and New Directions</i>
Daniel Pine, MD	<i>Using Neuroscience to Inform Clinical Thinking: Applications in Pediatric Anxiety</i>
Evelyn Bromet, PhD	<i>Update on First Episode Psychosis Study</i>
Kathleen Ries Merikangas, PhD	<i>Endophenotypes in Psychiatry: Deconstructing Bipolar Disorder</i>

RESEARCH CONFERENCE TOPICS FROM THE 2014-2015 ACADEMIC YEAR

David Schretlen, PhD	<i>The Ubiquity of Cognitive Dysfunction in Medicine & Global Neuropsychology in the 21st Century</i>
Shin-ichi Kano, MD, PhD	<i>Emerging tools and ideas in biological understanding of mental illness: from human cell biology to immune mechanisms</i>
Adam Kaplin, MD, PhD	<i>Johns Hopkins Esketamine Trial for Acute Suicidality in Depressed Patients</i>
Sarven Sabuncian, PhD	<i>Brain Expression of Repetitive Element Loci in Schizophrenia, Bipolar Disorder and Major Depression</i>
Frederick Barrett, PhD	<i>Brain Networks Involved in Strong Experiences with Music</i>
Scott J. Russo, PhD	<i>Glutamatergic Circuit Plasticity in Stress-Related Disorders</i>
Katherine Sharkey, MD, PhD	<i>Circadian Rhythm Disruption and Perinatal Mood Disorders: Why Sleeping Like a Baby isn't Good for New Mothers</i>

- Elizabeth Stuart, PhD *Applying propensity score methods in psychiatry and psychology: Case study of suicide prevention using Danish registry data*
- Dani Fallin, PhD *It all Starts with Epi! The Integration of Epidemiology, Genetic Epidemiology, and Epigenetics in Mental Health*
- Cassandra Gipson, PhD *Rapid, Transient Plasticity in Cocaine and Nicotine Relapse: New Directions for Pharmacotherapeutic Intervention*
- Flavio P. Kapczinski, MD *Inflammatory changes in bipolar disorder: current findings and future perspectives*
- Elise Weerts, PhD *Medications Development Using an Animal Model of Alcohol Drinking and Cue Reactivity*
- Michele Ybarra, PhD, MPH *Drawing upon successes in other fields to inform opportunities for technology-based mental health promotion*
- Eric Strain, MD *Buprenorphine: The Science of Its Development to Clinical Use*
- Lisa Dixon, MD, MPH *Considering the Science of Recovery from SMI*
- Mary Barber, MD *LGBT Mental Health Research, past, present and future*
- Michael F. Green, PhD *Parsing the Social Brain in Schizophrenia*
- Anika Alvanzo, MD, MS *Sex and Race/Ethnicity Differences in Development of Alcohol Dependence and Alcohol-related Service Utilization.*
- Sarah M. Horwitz, PhD *Children's Mental Health Services Use: the LAMS Study*
- Hadine Joffe, MD, MSc *Biology of Perimenopausal Depression*
- Robert Stevens, MD *Neural Basis of Delirium: Insights from Neuroimaging*
- Michael Thase, MD *Do antidepressants really work? A review of the recent controversy*
- Vidyulata Kamath, PhD *Olfactory processing in schizophrenia, non-ill first-degree family members, and young people at-risk for psychosis*
- Maxine Stitzer, PhD *NIDA's Drug Abuse Treatment Clinical Trials Network: Research and Relevance*
- Andrew H. Miller, MD *Cytokines Sing the Blues: Mechanisms, Mediators and Translational Implications*
- Renato D. Alarcon, MD *Science and Humanism in contemporary American Psychiatry*
- Ramin Mojtabai, MD, MPH, PhD *National Trends in Psychological Distress, Depression, and Mental Health Treatment Seeking*
- Deborah Kim, MD *The Use of Transcranial Magnetic Stimulation for Antenatal Depression*
- Francis J. McMahon, MD *Integrative Genomics of Bipolar Disorder*
- Sandra Comer, PhD *Pain and Opioid Abuse: A Tangled Tale*
- Brady Maher, PhD *Functional analysis of the Schizophrenia and Autism gene TCF4 in the developing neocortex*

RESEARCH CONFERENCE TOPICS FROM THE 2013-2014 ACADEMIC YEAR

- Kristen Brennan, PhD *In-Vitro Modelling of Predisposition to Schizophrenia*
- Kenneth Kendler, MD *Psychiatric Genetic Epidemiology: A Current Perspective*
- Evaristus Nwulia, MD *Using Olfactory Neuroepithelium as a Dynamic Marker of Lithium Response*
- Declan Barry, PhD *Co-occurring Chronic Pain and Opioid Addiction*
- Jean Lud Cadet, MD *Epigenetic Mechanisms of Methamphetamine's Regulation of Striatal Glutamate Receptors*
- Zachary Stowe, MD *Maternal Mental Illness: The First Adverse Life Event*
- Rebecca Corwin, PhD *You are HOW you Eat: Preclinical Evidence that Binge Eating Affects the Brain*
- Courtney Keeton, PhD *Pediatric Anxiety and the Family Context*
- Steve Hyman, MD *Genetic Revolution in Psychiatry: Putting the Findings to Work*
- David Oslin, MD *A Step Care Approach to Alcohol Addiction*

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

RESEARCH CONFERENCE TOPICS FROM THE 2012-2013 ACADEMIC YEAR

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

David Schretlen, PhD	<i>Can Transcranial Direct Current Stimulation Improve Cognitive Functioning in Schizophrenia?</i>
Tomas R. Guilarte, PhD	<i>Toxins & Genes: Gene-Environment Interactions in Schizophrenia</i>
Rita Valentino, PhD	<i>Sex Biased Stress Signaling</i>
Donna Strobino, PhD	<i>Maternal Depressive Symptoms and Young Children's Growth</i>
Gail Daumit, MD, MHS	<i>Effectiveness of a Behavioral Weight Loss Intervention in Persons with Serious Mental illness: Results of the ACHIEVE Trial</i>
Frederick Lenz MD	<i>Analysis of Circuits Subserving Fear and Anxiety as Studied by Neuronal Activity in Humans</i>
Annie Umbricht, MD	<i>Topiramate for Cocaine Dependence in Methadone Maintenance</i>
Robert Randolph Edwards, PhD	<i>The Biopsychosocial Model of Pain in Action: Risk Factors for Misuse of Prescription Opioids among Chronic Pain Patients</i>
Samer Hattar, PhD	<i>Aberrant Light Exposure Directly Impairs Mood and Learning through Atypical Retinal Photoreceptors</i>
Wayne Katon MD	<i>A Multicondition Collaborative Care Intervention: Meeting the Triple Aim of Health Reform</i>
John Bridges PhD	<i>Measuring the Priorities and Treatment Preferences of Parents with a Child Diagnosed with ADHD using Best-Worst Scaling</i>
Guo-li Ming, MD, PhD	<i>Regulation of Neural Development by Risk Genes for Mental Disorders</i>
Marian Tanofsky-Kraff, PhD	<i>Obesity and Disinhibited Eating Behaviors in Youth</i>
Kelly Posner, PhD	<i>On the Road to Prevention: The Columbia-Suicide Severity Rating Scale</i>
Bruce Turetsky, MD	<i>Olfactory Dysfunction in Schizophrenia: A Model System to Investigate Developmental Neuropathology</i>
Keri Martinowich, PhD	<i>Interaction between BDNF and Social Environment in Brain Physiology and Behavior</i>
William M. Byne, MD, PhD	<i>Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder</i>
Dwight Bergles, PhD	<i>Fate and Function of Glial Progenitors in the Mammalian CNS</i>
Monique Ernst, MD, PhD	<i>Choreography of Brain Functions across Adolescence</i>
Katherine Phillips, MD	<i>Body Dysmorphic Disorder: Understanding and Treating</i>
Ted Abel, PhD	<i>Sleep and Memory: The Cellular and Molecular Impact of Sleep Deprivation on Hippocampal Function</i>
Samantha E Meltzer-Brody, MD	<i>Genetic and Biomarker Insights into Postpartum Depression</i>
Clifford B. Saper, MD, PhD	<i>Hypothalamic Regulation of Sleep and Circadian Rhythms</i>
John M. Oldham, MD	<i>Personality Disorders and DSM-5</i>
James Knierim, PhD	<i>Memory Formation in the Rat Hippocampal Formation</i>
Erin Winstanley, PhD	<i>Naloxone to Prevent Opioid Overdose Death</i>
Colm Cunningham, PhD	<i>Can We Make Animal Models of Delirium?</i>

RESEARCH CONFERENCE TOPICS FROM THE 2011-2012 ACADEMIC YEAR

Solange Brown, MD, PhD	<i>Deciphering the Functional Organization Of Cortical Circuits Through Cell-Type Identity</i>
Sharon Inouye, MD, MPH	<i>Delirium in Older Persons: A Research Update</i>
Karen Swartz, MD	<i>The Adolescent Depression Awareness Program (ADAP): Moving from Program Development to Evaluation</i>
Tom Hyde, MD, PhD	<i>GABA Signaling Elements, Brain Development, and Schizophrenia</i>
O. Joseph Bienvenu, MD, PhD	<i>Is Obsessive-Compulsive Disorder an Anxiety Disorder, and What, If Any, Are Obsessive-Compulsive Disorder-Related Conditions? A Family Study Perspective</i>
Jeannie-Marie Leoutsakos, PhD	<i>Carving Nature at its Joints: Applications of Mixture Models in Psychiatry</i>
Paul Worley, MD	<i>Synaptic Signaling and Cognitive Disease</i>

Barbara K. Lipska, PhD	<i>Genome-Wide and Candidate Gene Studies in Normal Development and Schizophrenia</i>
Joe Gallo, MD, MPH	<i>Mixing Methods to Understand Depression in Late Life</i>
Antonello Bonci, MD	<i>Synaptic Plasticity in the Dopamine System: Implications for Substance Abuse</i>
Jennifer Reese, PhD	<i>Cancer and Sexual Concerns</i>
Jason Brandt, PhD	<i>New Methods of Screening for Dementia</i>
Hanna Jaaro-Peled, PhD	<i>A Novel Approach in Modeling Schizophrenia in Mice</i>
Igor Elman, MD	<i>Stress and Reward Systems in Addictive and Comorbid Psychiatric Disorders</i>
Charles Hoge, MD	<i>Translating Research in Mental Health Policy during Afghanistan and Iraq Wars</i>
David Borsook, MD, PhD	<i>Imaging the Cross-Roads of Pain and Psychiatry</i>
Roland R. Griffiths, PhD	<i>Human Studies of the Serotonergically Mediated Hallucinogen Psilocybin</i>
Arnold Bakker, PhD	<i>Episodic Memory on the Path to Alzheimer's Disease</i>
Brooke H. Miller, PhD	<i>MicroRNA Dysregulation in Psychiatric Disease</i>
Kerry J. Ressler, MD, PhD	<i>Translational Neurogenetic Approaches to PTSD and Fear-Related Disorders</i>
Julia B. Frank, MD	<i>Persuading the Healer</i>
Kelly Brownell, PhD	<i>Harnessing Science to Change the American Diet</i>
Ralph Benedict, PhD	<i>Effects of Brain Atrophy on Cognition and Personality Traits in Multiple Sclerosis</i>
Raj Narendran, MD	<i>Imaging Dopamine Transmission in Addiction: Moving Beyond [11C] Raclopride</i>
John Gunderson, MD	<i>Basic Principles of Understanding & Treating Borderline Personality Disorder</i>
Ryan Vandrey, PhD	<i>Effects of Varenicline on Abstinence and Smoking Reward Following a Programmed Lapse</i>
L. Fredrik Jarskog, MD	<i>Therapeutic Targeting of Gabaergic and Synaptic Deficits in Schizophrenia for Potential Pro-Cognitive Effects</i>
Gary Wand, MD	<i>Cortisol and Mesolimbic Dopamine</i>
Randy Buckner, PhD	<i>Exploring the Large-Scale Architecture of the Human Brain</i>
Carol A. Shively, PhD	<i>Neurobiology and Physiology of Social Stress-Associated Depression in Adult Female Monkeys</i>
Suzanne Haber, PhD	<i>The Reward Network: Implications for Imaging and DBS for Psychiatric Diseases</i>
Paul Soto, PhD	<i>Evaluation of Alpha-5-gabaA Inverse Agonists for Cognitive Enhancement in Monkeys</i>
Timothy Salthouse, PhD	<i>Aging and Cognitive Change</i>
Dilip V. Jeste, MD	<i>Successful Aging and Wisdom</i>
Kenneth Silverman, PhD	<i>Maintenance of Reinforcement to Address the Chronic Nature of Drug Addiction</i>