

The GW Psychiatrist

The Newsletter of the George Washington University
Department of Psychiatry and Behavioral Sciences

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The GW Department of Psychiatry: Multiple Arms of Innovation

by James L. Griffith, MD

Leon M. Yochelson Professor and Chair

Innovation has long been the strength of our GW Department of Psychiatry. Most psychiatric care in the U.S. is conducted by a psychiatrist sitting alone with a patient, making a DSM-5 diagnosis, and then treating the patient with medications or psychotherapy. This model of care has a high rate of effectiveness for those few patients who receive it, can afford it, and complete their treatment. However, this model has been vastly insufficient for the scope of needs for mental health services in this country or in other countries. Worldwide mental health problems account for more lost workdays than any other type of disabling illness. This treatment gap is greatest in regions of the world where poverty and armed conflict have inflicted social suffering. Among our medical disciplines, Psychiatry has been uniquely hindered by barriers to care involving availability, access, affordability, and acceptability. There are never enough psychiatrists. Where there are psychiatrists, those who most need care find access prohibitive, often due to costs. Stigma against mental illness and those who care for the mentally ill is universal, hindering access to care in every society. Through multiple arms of innovation, our Psychiatry department has made inroads into each of these barriers.

Here are some examples:



- ◆ *Innovations in Work Force Development* — Dr. Brandon Kohrt translated research on the common factors of psychotherapy into a validated scoring system for selecting mental health workers as new mental health services are being introduced into under-served low- and middle-income countries. “Enhancing Assessment of Common Therapeutic Factors (ENACT)” has revolutionized recruitment and hiring of mental health workers (*Global Mental Health* 2:1-16, 2015). ENACT has been selected by the World Health Organization as a standard method for work force development. Dr. Kohrt’s research program is now introducing ENACT into WHO-funded programs in 14 countries. The success of ENACT advances availability, access, and affordability of mental health services in regions devoid of mental health specialists.
- ◆ *Innovations in Technology to Expand Availability and Access to Treatment and Training* — Across

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the Indian subcontinent, from Pakistan to Bangladesh, the prevalence of post-partum depression is often 30% of births in rural regions lacking mental health specialists. In the Chitwan province of Nepal, Dr. Brandon Kohrt's Gates Foundation research study has demonstrated the feasibility of technology for passive monitoring of mothers and newborns (*JMIR Res Protoc* Sep 8(8) e14734). Wearable digital sensors can be attached to mother and baby that monitor baby's crying, response time of the mother, and other relevant mothering data. This information is then transmitted to the digital watch of a mental health worker who provides care to the new mother under remote supervision. Equipment for this use costs only \$25 per case.

Locally, our psychiatry department has invested in Zoom rooms, flat screen monitors, and a 200mbs web access to support research, educational, and clinical telehealth projects. Plans are underway for GW psychiatry residents to provide telehealth psychosocial care for Appalachian families in West Virginia who have experienced catastrophes, such as floods or fires. A joint Georgetown-GW mission is underway to re-build psychiatric training at Bethlehem Hospital and to provide mental health training for the family medicine residency at An-Najah National University in Nablus in West Bank Palestine. Our Zoom-based teleconferencing will provide both lectures and case-based supervision, expanding availability, access, and affordability for psychiatric education in both programs.

- ◆ *Innovations in Psychotherapeutic Interventions to Expand Access and Acceptability* — Decades ago, the researchers showed that 37% of medically-ill patients in a general hospital, such as GW Hospital, met diagnostic criteria for depression. Further scrutiny showed that few of these patients had depression as a mental illness. Rather, they were demoralized, in pain, or fearful about their

prognosis. During the 1990s, our GW Hospital consultation-liaison psychiatry service devoted its efforts to creating interview methods that could mobilize patients' strengths effectively, countering demoralization without labeling the patient psychiatrically ill. This "bedside psychotherapy" became a signature of our department nationally. Bedside psychotherapy was followed by the development of "hope modules" that enabled the delivery of psychotherapeutic interventions without the necessity of formal psychotherapy in settings such as hospital bedsides, inpatient psychiatric units, emergency rooms, or community clinics, where the space often precludes formal psychotherapy. Dr. Allen Dyer and our GW disaster response team recently incorporated hope modules into humanitarian missions to Greece refugee camps and into hurricane preparedness missions to the British Virgin Islands, expanding the availability and access to mental health services in both settings.

- ◆ *Innovations in Teaching Healthcare Professionalism: The New Theater of Medicine* — Since 2013, Jeffrey Steiger, Artistic Director, and Dr. Charles Samenow, Program Director, have created unique productions that utilize theater to teach professional development for healthcare providers. New Theater of Medicine has created 6 theatrical professional development programs related to healthcare and medical education, including works on patient safety, teamwork/communication, diversity in medical education, screening for addictions, and most recently the impact of Alzheimer's Disease on families. More than 30 professional development workshops have been produced for medical students, residents, faculty, and administrators at George Washington University. New Theater of Medicine has gained a national and international reputation through invitations to conduct sessions at conferences for the Society of Educators in Anesthesia, the Association of American Medical Colleges, Center for Disease Control, Physician Assistant Educator's Association, and American Physical Therapist Association. New dramas will be produced

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From the Program Director: Back to the Basics

by Eindra Khin Khin, MD

Residency Training Program Director

“So, how did you get to be on that project?,” asked the intern.

As part of our residency program's continued efforts to optimize faculty-resident interactions, we have a long-standing initiative called Meet-the-Faculty lunch series, which is designed to facilitate the opportunity for interns and residents to personally meet with each core faculty member in the department. In this forum, the faculty get to know the trainees in a casual atmosphere and share with the residents their own educational backgrounds, clinical experiences, areas of interest/expertise, as well as any current academic/administrative/leadership projects they are working on. It was in this setting in which I was sharing with the residents various professional endeavors that I have undertaken outside of GW. One intern was curious about how to get involved with a particular project, which led to the aforementioned question. This benign question prompted within me a great deal of reflection.

It certainly was not because I was the smartest person in the room. Nor have I always been the subject matter expert on the projects that I have been involved in. Over the years, I have come to appreciate that I have been fortunate enough to have had incredible professional opportunities simply for the following reasons:

Genuine Spirit of Collaboration

It is amazing to see how many doors could open up when one adopts the right attitude of “how can I be of service.” For the trainees, the most challenging time to embody this attitude is when on call at an academic institution, where turf wars between specialties can unfortunately take place. When the psychiatry on-call resident already has three consults to see, it may be tempting to refuse a fourth consult because it was “an inappropriate consult” or “a bad question.” However, those of us who have worked in education know that there is no such thing as a bad question. Our non-psychiatric colleagues may not know how to perfectly phrase their clinical question but what is clear is that they need our assistance given our expertise in mental

health. What may be obvious to us may not be something they ever learned or may turn out to be something that is in their blind spot. Therefore, instead of saying no to a consult question that “doesn’t make sense,” taking a little more time to actively listen to our colleagues in need, understand the issue, and help them formulate a more relevant question will ultimately ensure the best care for the patient, which is the common goal for all of us. Even when we do not have a ready answer for them, going through this process together enables all the care providers to work as a team, as opposed to feeling like one specialty is just trying to off-load a patient to the other specialty. The best thing about this approach is that its benefits go far beyond a particular call shift. Many of my non-psychiatric colleagues that I did residency with still call me to this day because I have become their mental health go-to person. Not so coincidentally, I have also become the person they would call whenever interesting collaborative opportunities come up.

Accountability

Woody Allen, albeit not the paragon of sound judgement, once said, “Eighty percent of success is just showing up.”

In order to be truly successful, one must go beyond merely putting in a physical appearance. Therefore, the other twenty percent has to be about following up and taking ownership of the issue. Once one establishes a reputation as someone others could count on, not the kind who keeps passing the buck, that person will be sought after as a valuable and reliable contributor to the team.

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Communication

Simple expressions of acknowledgement, courtesy, and gratitude (e.g.: “Yes, I received your voice mail/ email. Thank you. I am working on the issue that you raised.”) can go a long way in establishing rapport. Similarly, transparency is of utmost important when working with others as it can help everyone set realistic expectations. Even when unexpected things present as problems, informing the team members in a timely manner and offering strategies to off-set the disruption can minimize the negative impact on the project as well as the relationship dynamics (e.g.: “I’m sorry I’m running late this morning. I had car trouble. I’m taking a taxi in now and will get there in the next hour. I will be sure to stay late today so that I can catch up appropriately.”). The fastest way to ruin one’s own reputation professionally is to withdraw without notice. Anyone who has been involved with group projects knows how irritating at best and disastrous at worst it can be when a group partner disappears in the middle of the project.

None of the strategies outlined above is a groundbreaking idea; they just happen to be solid professionalism practices based on respect, humility, and a commitment to service. Many trainees and early career physicians often feel as though they have to do something extraordinary to advance in their careers.

My advice to them has always been, “First, focus on being solid on the basics, be them about professionalism or medical knowledge. The fancy will come later.”



Dr. Eindra Khin Khin

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shortly on medical student mistreatment and physician suicide. This innovative use of drama for experiential learning transforms the teaching of professionalism.

Innovations in Psychotherapy Training: Teaching Psychoanalysis at a Distance — The Washington Baltimore Center for Psychoanalysis is using our new telehealth system to extend psychotherapy training and supervision to mental health professionals across our nation. This expansion stands in stark contrast to New Yorker cartoon caricatures of psychoanalysts with their couches in their Fifth Avenue consultation rooms. Meeting in Zoom rooms, groups of trainees can interact with psychoanalytic supervisors, irrespective of distance. A pilot project has extended psychotherapy training and supervision to China. Technology is extending availability and access to psychoanalytic training from its traditional urban centers to regions remote to psychoanalytic training programs.

Dr. Barbara Bass, newly appointed Dean of our medical school, describes in a TED-MD talk her commitment to the “best technologies, best evidence, and best skills” as her mission as a medical educator. “Best technologies, best evidence, and best skills” is also a good way to organize our commitment as a Department of Psychiatry to relieving the suffering of individuals who have mental health problems.

Intern's Corner

by Nick Mahan, MD
PGY1 Resident

Should I feel guilty for going home and continuing to think about my patients? Should I feel guilty for not?

Is psychiatry my “day job” or my “vocation?” Is it bad that I don't always feel like talking about work outside of work?

Case presentation: 55-year-old married, domiciled mother of two, unknown past medical or psychiatric history, presents seated next to you on the airplane.

I was on my last flight to Kansas City, returning for KU medical school graduation, feeling that weird cocktail of emotions at the end of a life chapter. I had spent the past two weeks traveling Europe with my mom, a pre-graduation vacation that all the medical residents ahead of me had encouraged me to take “while you still have time off.” At that time, it had been a little over a year since I had definitively chosen psychiatry as my specialty, and a little over two months since learning I'd matched at GW.

Somehow in that small time though, I had already started questioning whether I needed to share my career plans with, say, the woman seated next to me on the plane. She asked, “What brings you to Kansas City?” to which I replied, “school graduation” (hoping to keep things vague). She followed with, “oh, high school?” and my baby-faced self bashfully clarified “ah, medical school, actually.” She then said something like, “oh my, you look so young!” and quickly followed by asking, “what's your specialty?”

It has become clear that telling a stranger you're a soon-to-be psychiatrist can be a bit of a gamble. Take first dates, for example. Once, I told a date I was going into psychiatry, and he replied “oh wow! I have all the psychiatry problems!” Another first date replied with something to the effect of, “I don't believe in medicating mental illness.”

Of course, lying about your career to new friends or dates is generally not a durable strategy. But would it be so terrible to bend the truth to the woman on the plane?

A hairdresser once told me how her sister was never the same after becoming addicted to uppers and downers at the hands of a psychiatrist. A friend's uncle spent a large chunk of an evening detailing to me how his psychiatrist “saved his life.” On another plane ride, a minister next to me explained to me how psychiatry wouldn't be necessary if the world wasn't so lacking in faith. Suffice it to say that psychiatry is a polarizing field that doesn't necessarily lend itself to light small talk with strangers.

I am happy to report that now, just three months into residency, I feel very pleased with my decision to pursue psychiatry. Furthermore, I am proud to represent the field, around patients and their families as well as medical colleagues alike. After all, as psychiatrists, we are not only responsible for the care of our individual patients, but also have a duty to be educators and advocates of mental healthcare.

All that being said, I told the woman seated next to me on the plane that I was specializing in internal medicine, with no subspecialty in mind yet, and was able to politely conclude the conversation so that I could prepare myself for intern year with a much-needed nap.



Chiefs' Corner

by Brenna Emery, MD (pictured, left)
Outpatient Chief Resident

It is easy in the fall to get wrapped up in the never-ending hustle and bustle of life. First the school year starts, then Halloween and Christmas follow; soon, you are on a slippery slope to June. In *To Autumn*, Poet John Keats described autumn as "mellow fruitfulness," capturing what can often feel like the two dichotomous energies of the season. We often focus in modern America on the "fruitfulness" of the season. Literal piles of apples, gourds, and root vegetables - the product of our many months of tedious work in the fields- are so bountiful, we must sneak them into tasty pies and candies that are now synonymous with the season. It is easy to be gluttonous with the lush abundance that our hard work has given us.

Because there is always more hard work to come. The days get more taxing -- warm and bright days become sparser, and the cold chill of the winter to come creeps in. Food must be preserved to last us through, and the still soft soil prepared with seeds for the early spring harvest. Hiding beneath the celebration of the harvest is a current of melancholy, as well as hope.

I have been serving as the Outpatient Chief now for nearly 8 months and have nearly as long to go. I have spent this time, largely, pulling in the harvest that my predecessor, Caroline, planted over a year ago. It is now my time to not just roll up my sleeves to prepare for the winter, but to also think about what seeds to plant for those after me.

Some of this has already begun. I came to this position not just hoping to help residents feel heard, but also to empower them to - like me - roll up their sleeves and be involved in this change. On this note, I want to encourage us all to reflect in the months ahead on what change we want to see - whether it is in ourselves, in our communities, or in something more tangible - and how each of us can plant the seeds now for a harvest to come, a year, if not longer, from now.



by Gowri Ramachandran, MD (pictured above, right)
Inpatient Chief Resident

"You WANTED to be the inpatient chief resident?!?!"

I can't even begin to count the number of times I've been asked that since assuming the role this year. My answer is always an immediate *of course*, although that is often followed by looks of bafflement.

Since the start of this year, I have spent countless days making and remaking schedules, running to meetings between seeing my own patients, and answering calls and texts from the residents and the faculty, no matter what day or time it may be. It certainly can be challenging to try to find enough hours in the days to make everything fit just right, but that's just part of the fun. After spending the last three years of residency focusing on every aspect of clinical training, I have been dreaming of learning more about the administrative aspects of a residency training program and, even more broadly, medicine and hospital systems in general. It would be unfair to say that this year has offered me anything less than endless experiences that have taught me how to consider new perspectives, both clinically and administratively.

Anyone who knows me well knows that I dislike sleep, am terrible at taking vacations, and like to be as busy as possible at all times. Being Inpatient Chief makes it easy to accomplish all that. But, most importantly, it has also helped me learn how to balance my life to make everything fit just right.

Because, remember, life's too short and YOLO [you only live once].

INOVA Fairfax Update

Catherine Crone, MD
Program Director, Inova-GW Psychosomatic Medicine Fellowship

It seems like we were just at graduation at the Cosmos Club! This is always the way it feels in the summer and early fall as we say farewell to graduating fellows and welcome new fellows to our Inova/ GW family. With this in mind, we wanted to introduce everyone to our recent additions, including a new faculty member.

Regarding our newest fellows, Natalie Gugino comes to us after completing her residency at the University of Buffalo. She is originally from the Buffalo area but has opted to wander South for a year to explore a new educational opportunity. She has diverse interests including geriatric and emergency psychiatry, along with CL psychiatry, and is both an exuberant and serious clinician. Her presence is complemented by Jawad Chaudhry who completed his residency at Howard University and is a quiet but thoughtful team member, who is interested in neuropsychiatry. He is married with two young children and patiently commutes daily from Laurel, MD. Our third fellow is someone you already know, Jacqueline Posada. We were fortunate to have an opportunity to start working with her during her residency years, and she brings compassion and natural curiosity to the table. She is helping us to test out a new integrated care experience referred to as Simplicity Clinic, which aims to provide ongoing and drop-in primary care to working poor patients in the Northern Virginia area.

Our new faculty member is Dr. Abdel Sherif Meguid, who comes to us after having been CL faculty and former clerkship director at Virginia Commonwealth University (VCU). He is an award-winning teacher whose subspecialty is neuropsychiatry. He started a neuropsychiatry clinic at VCU and is now doing so at Inova, where he has an outpatient clinic located within Neurosciences. He is working closely with Dr. Rushi Vyas and I to provide teaching and supervision to our fellows. A fun fact is that he was also one of our fellows almost 20 years ago... time flies!

Dr. Rushi Vyas recently stepped into the role of clerkship director for VCU/Inova medical students and continues to serve as Assistant Director for the CL Service. He continues to develop his experience and knowledge in perinatal psychiatry, which we aim to utilize as we work towards a women's mental health program. Dr. Kiarash Yoosefi, who recently graduated from our fellowship, is due to soon start work as a CL psychiatrist at Inova Alexandria Hospital, while also providing ECT services at Fairfax Hospital.

Welcome to the Coordinator!



Tamara Lyons is the new Psychiatry Residency Coordinator. Previously, she was the Program Manager for Internal Medicine at Providence Hospital, here in Washington, D.C. and even before that, she was the Fellowship Coordinator for twelve fellowship programs in Internal Medicine at The George Washington University Hospital.

As a program coordinator, she has had opportunities to work alongside residents and fellows from many diverse and multicultural backgrounds, as a mentor, a friend, a counselor, and on occasion, as "an American mom." She has had residents from around the world, who arrived in the U.S. with no family nearby; sometimes, they were completely amidst a sea of strangers, left to find friends in new places.

Tamara has described the immeasurable happiness she feels when each resident or fellow leaps from intern year to the last day of residency (or fellowship). We are eager to welcome Tamara to our department!

Kudos!

- ◆ **ALL of the senior residents** have not only taken the time out of their busy weeks to teach the new intern class but have also shown the patience and understanding needed to help us, the interns, make up for our lack of certain knowledge and silly newbie mistakes during this transition from medical student to resident physician.
- ◆ **The Education Committee** did an excellent job with PRITE prep!
- ◆ PGY-2 resident **Carolyn Cookson** has started the GW Psychiatry book club! It's already looking like it will be a great way to bring the residents together over some good reads.
- ◆ PGY-2 resident **Raj Sachdej** has been passionate about making the GW Psychiatry Residency program feel more collegial and cohesive. He has brought so much effort and so many great ideas to the Wellness Committee. Residents in years above feel incredibly confident that the spirit of the Wellness Committee will continue after they graduate, knowing it will be in Raj's hands. More kudos to PGY-3 resident **Carl Quesnell**, who has also played a huge role in organizing more Wellness Committee events!
- ◆ **ALL of the interns** have become readily involved with the committees!

- ◆ Senior residents **Sara Teichholtz, Brenna Emery, Jeremy Safran, and Carrie Andrews** are wrapping up their interviews for fellowships and starting to make post-residency career decisions!



Above: AY 2019-2020 PGY-1 class at their White Coat Ceremony. From left to right: Rajdeep Singh, Shayna Popkin, Emily Schutzenhofer, Alex Yoon, Nick Mahan, and Danya Anouti.

Below: PGY-3 residents Carl Quesnell and Jeremy Safran, with faculty members Dr. Allen Dyer and Dr. Vanessa Torres, during a recent trip to the British Virgin Islands in Fall of 2019 to focus on Global Mental Health initiatives.

