

The GW Psychiatrist

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

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A Relational Foundation of GW Psychiatry: An Ethic of Alterity

James L. Griffith, M.D.

Leon M. Yochelson Professor and Chair

Three newsworthy events speak to the vision we hold for our department as a center for humanistic psychiatry—

- Dr. Josh Gordon, Director of National Institute of Mental Health (NIMH), recently detailed his visit to Dr. Brandon Kohrt and our GW research program in the Chitwan Province of Nepal. In his February 27 blog, “Around the World and Back Again: Global Mental Health Efforts,” Dr. Gordon described the impact of witnessing Dr. Kohrt and his team’s innovative program that opens access to mental health services by recruiting non-specialist health workers and service users to deliver mental health care in underserved settings where there are few psychiatrists or psychotherapists. At the recent NIMH Global Mental Health Research Without Borders Conference, Dr. Gordon again spoke about Dr. Kohrt’s research program in his plenary address to the annual NIMH global mental health conference, using the Nepal program as a model for the kind of impact that NIMH hopes to achieve through its global mental health grants funding.
- Dr. Allen Dyer, along with co-editors Dr. Brandon Kohrt and Dr. Philip Candilis, is preparing to publish a new textbook, “Global Mental Health: Ethical Principles and Best Practices.” Clinical and research programs in low- and middle-income countries involve not only gaps in language and culture, but also enormous asymmetries in resources and power when working with local populations. Historically, such asymmetries have invited oppression, exploitation, and



extraction of resources from the less powerful by the more powerful, as witnessed by the history of European colonialism in Africa and Asia. Thus, there is an urgent need in the global mental health movement for an ethical foundation that ensures protection for less powerful local populations.

- Dr. Suzan Song is preparing to launch her Youth and Family Opportunity Program that will provide mental health support and advocacy for vulnerable populations who have experienced forced migration. These include unaccompanied and separated children, survivors of torture, political asylees, families of hostage victims, and youth exploited for sex or labor trafficking. Dr. Song’s new textbook on the psychiatric care of refugee children will accompany the roll out of this clinical services and research program.

A common thread through each of these reports is their depth of commitment to the relief of suffering for those at risk of invisibility and neglect due to low status or power within their society. This is particularly evident when these three initiatives are placed alongside other programs in our department,

(continued on page 2)

Incoming Intern Announcement	2
From the Program Director	3
From the Associate Program Director	4
CNHS Update	5
Didactic Leader Feature Article	6
Alumni Update	7
Interns’ Corner	8
Chiefs’ Corner	9
PGY-4 Feature Article	10
Kudos	11
Scholarship & Community	12

A Relational Foundation of GW Psychiatry: An Ethic of Alterity

(continued from page 1)

including our humanitarian crisis response teams, human rights clinic, and collaboration with the American Psychiatric Association to provide mental health services support for Appalachia.

“We teach an art of healing informed by both humanism and neuroscience.”

Care and concern for the Other in an asymmetric relationship, where the Other may be unseen and unheard due to low status or power, can be anchored in different humanistic, spiritual, or social neuroscience disciplines. It has been described as an “ethic of alterity” by philosopher Emmanuel Levinas. In Buddhism, this is the position of the bodhisattva who is capable of reaching nirvana but stays behind in the karmic cycle in order to care for those still suffering. It is a way of saying that we don’t go down the road until everyone is on board. No one should be left behind.

This commitment to an ethic of alterity is a specific characteristic with which our department’s identity can be distinguished by the priority given, in its teaching, scholarship, and practice, to non-technical dimensions of psychiatric care, such as relationships, dialogue, and ethics. We teach an art of healing informed by both humanism and neuroscience. We seek to imbue our psychiatry residents with the confidence that it is possible to wage successful campaigns against the despair, loneliness, helplessness, alienation, and meaninglessness that both the biology of mental illnesses and societal stigma foster. My deepest gratification comes from working alongside our many faculty and residents who have gathered around these shared commitments. ■

We are excited to announce the GW Psychiatry 2019-2020 Intern Class!

Danya Anouti

George Washington University School of Medicine
Arizona State University: B.S. Animal Physiology &
Behavior; B.A. Global Studies

Nicholas Mahan

University of Kansas School of Medicine
University of Notre Dame: B.S. Biological Sciences;
B.S. Applied and Computational Mathematics and Statistics

Shayna Popkin

Rocky Vista University College of Osteopathic Medicine
Monmouth University: B.S. Biology with concentration in
Molecular Cell Physiology

Emily Schutzenhofer

University of Virginia School of Medicine
University of Virginia: B.S. Chemistry; B.S. Global
Development Studies

Rajdeep Singh

Howard University College of Medicine
Howard University: B.S. Biology

Alexandra Yoon

Eastern Virginia Medical School
College of William and Mary: B.S. Chemistry; B.S. History



Incoming Interns with PD and APD
Dr. Weissman, Emily, Danya, Dr. Khin Khin

A very warm welcome to the
GW Psychiatry Residency Class of 2023
and a big THANK YOU to the Recruitment
Committee Chairs (Brenna, Gowri, and Jimmy) and
the entire Admin Team for helping us find these
amazing candidates!

From the Program Director Buff and Blue at the APA

Eindra Khin Khin, M.D.

Residency Training Program Director



At the historic 175th American Psychiatric Association Annual Meeting, held in San Francisco in May 2019, a record high number of scholarship was presented by the members of the George Washington University (GW) Department of Psychiatry & Behavioral Sciences. Eight core faculty members presented twelve

distinct panels and workshops, while six residents also presented six. What is remarkable about this year is not just the sheer volume of academic product that our department members are creating; it is about the range and depth of their work as well as the robust collaborations between the faculty and residents. The topics varied from historically grounded sessions such as *“Psychiatry: 1944-Present – Advancing Diagnosis, Treatment, and Education – APA and the Profession,”* to advocacy based sessions such as *“Excellence in Mental Health Advocacy: Case Studies in the Nongovernmental, Federal, and Legislative Arena,”* to clinically driven sessions such as *“Medical Conditions Mimicking Psychiatric Disorders Versus Psychiatric Disorders Mimicking Medical Conditions: Diagnostic and Treatment Challenges.”*

In their session, *“Designer Highs: Why Synthetic Drugs Present a Growing Concern to Psychiatrists in Multiple Settings,”* Dr. Vanessa Torres-Llenza, the lead consult liaison attending at the GW Hospital, collaborated with three PGY-III residents, Dr. Gowri Ramachandran, Dr. Brenna Emery, and Dr. Amin Memon. This highly attended and engaging session generated a great deal of audience interest and participation as the presenters raised

“... I couldn’t help but feel awestruck by the pure talent that exists within our department.”

awareness about the designer drug movement and facilitated an interactive discussion on the unique challenges associated with the clinical management. Dr. Jacqueline Posada (PGY-IV) and Dr. Alexis Wesley (PGY-III), both of whom are 2018-2019 American Psychiatric Association (APA)/ APA Foundation (APAF) Substance Abuse and Mental Health Services Administration (SAMHSA) funded Minority Fellows, presented on their longitudinal projects currently being implemented in the community, *“La Atención Plena: A Pilot Program for Designing and Implementing a Mindfulness-Based Skills Group in Spanish for a Low-Income Minority Population”* and *“Engaging and Partnering with Faith Communities and Spiritual Care Professionals to Revitalize Mental Health Care: An Underrecognized Innovation,”* respectively.

As I witnessed this unprecedented level of scholarship showcased by my trainees and colleagues at the APA, I couldn’t help but feel awestruck by the pure talent that exists within our department. I also felt incredibly appreciative of the faculty’s effort to consistently mentor and teach our trainees to establish a solid foundation in academia. Equally important, I was grateful for the curiosity and rigor with which our trainees pursued these invaluable opportunities. In fact, it is moments like these that remind me of why we do what we do here at the GW Department of Psychiatry Residency Training Program. Hail to the Buff and Blue indeed! 🟡

2019 APA Annual Meeting



Celebration Dinner



Drs. Emery, Torres-Llenza, and Ramachandran

From the Associate Program Director Reclaiming Narrative in the Age of Fake News

Anna Weissman, M.D.
Associate Program Director
GW Psychiatry Residency



We are living in a time and place where countless public voices compete for our ear. Politicians on both sides of the aisle have harnessed narrative, spinning any circumstance to suit their purpose. The plurality of perspectives can become cacophonous to the point that we may doubt whether truth exists at all or just stop caring. It can be tempting to tune out. But can story-telling be more than just propaganda?

Psychiatrists know the power of narrative. We recognize it every day, creating a space for the individuals we work with to tell and retell their stories. We ask questions not just to download information, but because we believe that telling can be therapeutic. We listen over time for changes to the arc. These changes can signal not only shifts in perspective, but in feelings and behavior. Changing our stories can transform our identities.

No therapeutic school or orientation owns this tool. While Australian social worker Michael White may have coined and certainly popularized the term narrative therapy, story-telling is ubiquitous across treatment modalities. Narrative may be one of the common factors of effective psychotherapies, as critical to supporting change as the therapeutic relationship.

So how can we support the people we care for in using narrative not to obfuscate, but to illuminate? How do we foster the process of shaping and reshaping stories? We can start by bearing witness, holding, and reflecting. We can help to clarify values and find meaning in suffering. We can remind our narrators of the difference between identity and action; “I am,” as opposed to, “I do.” And we can do this work best when we remind ourselves, too: we are all more than our problems or mistakes. ■



Hello and Welcome! GW Psychiatry Residency Family Announcements

We are pleased to announce the incoming Chief Residents for AY 2019-2020!

Congratulations to:

Brenna Emery, PGY-3
Outpatient Chief

Gowri Ramachandran, PGY-3
Inpatient Chief

Hello to **Sharwat Jahan** who will be joining the PGY-2 class for AY 2019-2020. Welcome aboard!

A very joyful welcome to the absolutely adorable Paul Ames Roberts, who was born on 3/28/19 during grand rounds! Congratulations to **Caroline Roberts, PGY-4, Inpatient Chief**, her husband Damon, and Baby Paul’s big-sis Magali!



Baby Paul

Updates from CNHS



David Call, M.D.
Program Director
CNHS Child and Adolescent Psychiatry
Fellowship Program

Hello from the Children's National Health System (CNHS) Child & Adolescent Psychiatry Fellowship Program! We are thankful for this opportunity to share some important updates on our graduating fellows, new faculty and expanding specialized programming.

Fellowship is nearing completion for our second-year fellows and we could not be more excited about their new career paths:

- Gathi Abraham, M.D., Co-Chief, will live in Washington, D.C. and work at a private practice in North Bethesda, Chesapeake ADHD Center. He is also interested in working in a community health or government setting. His long-term goals include living and working internationally.
- Fayola Fils-Aime, M.D., Co-Chief, will move back to New York City to work at Maimonides Medical Center in Brooklyn providing outpatient child and adolescent as well as adult psychiatric care. Her interests include first-break psychosis and working with college students.
- Carrie Lewis, M.D. will live in Washington, D.C. and work as an outpatient medical director in an underserved area of Maryland. Her long-term career goals include building a robust outpatient career and serving patients through advocacy work.
- Vikas Sinha, M.D. will live in Bethesda and work with the Sheppard Pratt Healthcare System in Frederick. His long-term career goals include outpatient treatment of children and adolescents, integrating complementary medicine techniques such as yoga and meditation in mental health, and advocacy work through involvement in the local chapters of AACAP and APA.

Congratulations to Dr. Abraham, Dr. Fils-Aime, Dr. Lewis, and Dr. Sinha as they embark on the next stage of their lives and careers!

We are honored and humbled to have been given the roles of program director and associate program director replacing Dr. Lisa Cullins and Dr. Martine Solage this past year. Dr. Cullins is now practicing psychiatry at the Emotion and Development Branch of the National Institute of Mental Health. Dr. Solage has joined the psychiatry team at the Food and Drug Administration. Our first year in these roles has been a successful and fulfilling one.

The Child & Adolescent Psychiatry Fellowship Program is also happy to announce that we filled all six of our fellowship positions for the 2019-2021 class. We are looking forward to welcoming our incoming fellows in July 2019: Dr. Ankit Chalia from Texas Tech University; Dr. Jillianne Grayson from Johns Hopkins University; Dr. Alexis Wesley from George Washington University; Dr. Basant Nassar from Drexel University; Dr. Damal Shah from Drexel University; and Dr. Alyssa Stram from Hofstra/Northwell at Staten Island University.

Kierre Nelson, M.D.
Associate Program Director
CNHS Child and Adolescent Psychiatry
Fellowship Program

At CNHS we are always striving towards departmental expansion with the goal of providing high quality and specialized care to children and adolescents in our area. Dr. Adelaide Robb, our Distinguished Endowed Professor and Chair, and our esteemed faculty were overjoyed to welcome four new full-time faculty members this past year:

- Ayman Saleh, M.D. completed his child and adolescent fellowship at Yale Child Study Center. His clinical interests include PTSD and trauma-related disorders. He has joined Dr. Laura Willing as a member of the CNMC Anxiety Disorders Program, which provides a multidisciplinary approach to anxiety treatment including new evaluations, medication management, individual CBT and exposure-responsive prevention, and psychotherapy groups.
- Meghan Schott, D.O. completed her child and adolescent psychiatry fellowship at Ann and Robert H. Lurie Children's Hospital of Chicago, a division of Northwestern University. She joins us as an Emergency Psychiatrist after working in the Denver Health system and as faculty at the University of Colorado providing pediatric and adult emergency psychiatric care. She is a member of the AACAP early career psychiatrist committee and is interested in advocacy work.
- Colby Tyson, M.D. completed her child and adolescent psychiatry fellowship at Weill Cornell and Columbia Universities and promptly joined CNHS as a full-time inpatient child and adolescent psychiatrist. She also supervises our medical student Psychiatry clerkship. Dr. Tyson's interests include medical education, psychotherapy, acute care, and the care of children in the child welfare system.
- Deborah Zlotnik, Ph.D. joined our faculty as the psychologist for the Child and Adolescent Inpatient units, providing evidenced-based therapeutic programs with a DBT focus. Dr. Zlotnik completed her postdoctoral fellowship at the Audrey Hepburn Children's House in New Jersey. She received training in DBT at John L. Gildner Regional Institute for Children and Adolescents in Rockville, MD. She enjoys working in fast-paced environments and collaborating with multidisciplinary teams.

Thank you again for the opportunity to share important updates on the Children's National Child and Adolescent Psychiatry fellowship and department endeavors. We value our collaborative relationship with The George Washington University Department of Psychiatry and Psychiatry Residency Program, wishing the graduating residents fulfillment in their future careers. ■



Children's National.

Didactic Leader Feature Article

Telepsychiatry in Residency

Suni Jani, M.D., M.P.H., FAPA, FAACAP, CIME

Director of Research and Development, Community Behavioral Health

Adjunct Associate Professor, University of Maryland Department of Child and Adolescent Psychiatry

Clinical Instructor, The George Washington University Department of Psychiatry and Behavioral Sciences

Faculty Collaborator, Harvard Medical School/Massachusetts General Hospital Department of Global Psychiatry



Telepsychiatry refers to the delivery of psychiatric care primarily through videoconferencing technology. This is now a HIPAA compliant practice that is becoming increasingly offered by intermediary companies partnering with healthcare facilities

but can also be practiced independently by psychiatrists at home.

My personal interest in telepsychiatry started as an MPH student at George Washington University. At the time, telepsychiatry was being increasingly lauded as a way to address psychiatry shortages in rural areas domestically and internationally during times of crisis. It was appealing as a cost-effective method of addressing a major healthcare gap. In residency, I had the opportunity to partner with Gallaudet University to develop a telepsychiatry program to service the deaf and hard-of-hearing population in the Eastern Shore of Maryland, a rural region that does not have the ease of access to the DMV's multitude of physicians. This intervention allowed for deaf and hard-of-hearing individuals who had become significantly isolated and unable to seek care to be stabilized on an outpatient basis as telepsychiatry improved access to both translators and psychiatrists. Upon graduation from fellowship, I began working with the rest of the Eastern Shore community at Community Behavioral Health, an outpatient mental health clinic that offers a variety of mental health services in six clinics spread over 200 miles in Maryland. I began regularly

using telepsychiatry to be able to cover for my colleagues or give urgent appointments to anyone at any of the clinics. I was thankful for my experience as a resident, which allowed me to feel more prepared as an attending who has to frequently conceptualize creative interventions to provide evidence-based care in underserved regions. Telepsychiatry has allowed me to work with people of all ages with many conditions. It has also allowed me to continue research and publications on healthcare outcomes with my students as well.

Teaching a telepsychiatry didactic for residents at GW's Department of Psychiatry has been a true pleasure and has allowed me to reflect upon the logistics of my practice. While it may seem as straightforward as turning on a laptop camera, the credentialing, consenting, coding, and contingency care planning for telepsychiatry are slightly unique to the standard of care taught in residency. Seeking a job after residency is a stressful experience, but telepsychiatry's elimination of travel to many regions, sometimes even out of state, can allow psychiatrists to live in a certain part of the United States while bringing care to another. A psychiatrist proficient in telepsychiatry is a boon for many subpopulations, including individuals in jails, individuals with limited mobility, soldiers, refugees, physicians in rural regions requiring psychiatric consults, and even to schools. Developing familiarity with telepsychiatry during residency will have practical applications for residents, regardless of where they choose to practice after graduation. ■



GW Psychiatry Alumni Update

Transitioning from Resident to Attending

Rushi Vyas, M.D.
 Associate Program Director
 Inova-GW Psychosomatic Medicine Fellowship



There is no ‘right way’ to transition from residency into your future career path. Going into fellowship is nice as the things that have been present the entirety of your medical career are still there- structure, mentors, and support. When you go out of that system and into the *real* world, there can be feelings of doubt, fear, and uncertainty- but, if you think about it, they’re the same feelings you felt going from college to medical school; then to intern year; and then to providing outpatient therapy and medication management. The feelings are always the same- the only change is your experience in dealing with them. There will always be new obstacles and challenges, and new dynamics, politics, and risks wherever you go, whether you choose inpatient, outpatient, or a mixture of both. What has helped me through each of my transitions has been identifying the common factor in each situation: myself and my experience/training. Each situation brings not a lack of structure, but rather a different or unfamiliar structure. However, I have started to learn, over these past many years, what helps me thrive, what my boundaries of knowledge are, and when I am in over my head. This is the personalized structure that I bring with me to each new scenario, as will each of you wherever you are in your careers.

That is the trick to transitioning out of residency. As interns, many of us feared that we had no safety nets or that we lacked resources. But as the year went on, we learned from our mentors, co-residents, and patients. They provided us with experience and knowledge, from our successes, but especially from our mistakes. This journey is what being an attending or fellow feels like, except you

have more experience and knowledge than when you were an intern, medical student, or undergrad. There will still be times where you don’t have the answers, when you have doubts, and when you are not sure how best to proceed. It is just like in residency- sometimes it means asking for help from your friends or co-residents, other attendings around you, or reaching out and asking your patient what has worked for them in the past. Though the job title is different, the path to success remains the same.

The part that does feel different is the responsibility... it feels bigger, and that is the truth. But it’s been true since college. Each step forward has increased responsibility, changed the structure, and changed the environment- and the thing that’s been constant through it all- has been you.

This was a bit of a touchy-feely message, but I think it is important to hear. Maintain your connections; know your strengths and weaknesses; know when to ask for help. That’s it.

Just to brighten things up a bit, I’ll attach the first paragraph of another draft I considered for this piece:

I found myself stepping off the plane after a turbulent and exhausting 14-hour flight from LAX to Auckland Airport, 24 hours removed from taking the Boards in San Diego and ready to practice locums in New Zealand. As I arrived bright and early, I looked outside through the terminal. I saw cold wind-swept patchy green hills, the choppy dark waters of the Pacific, and only a hint of sun beaming through cracks in the gray rain clouds. My first two thoughts were: “I thought New Zealand was supposed to be a tropical Island,” and “What did I get myself into?”

Talk about the importance of a personalized structure! ■



Interns' Corner

Navigating Simultaneous Learning and Teaching

Rida Malick, M.D.
PGY-1



“If the amount of material to be learned in medical school is like drinking water from a fire hose, intern year is like drinking water from two.”

I remember hearing this as a fourth year, weeks away from starting intern year, sitting in on my medical school’s “bootcamp” preparation for intern year. We would eagerly listen to the older residents, grasping onto any piece of advice that could possibly help us; anxious, fearful and excited about what was to come next. Now as we are just months away from the *end* of intern year, it is interesting to reflect back and see how far we have come and how much we have grown as budding physicians. The steep learning curve of intern year is unique and looking back, the amount of information we have learned certainly does feel like we chugged water from a multitude of fire hoses.

In this metaphor, the water represents new information and material, coming at you at full force, refusing to slow down for anything and can oftentimes feel overwhelming. Lifelong learning will always be integral to the medical profession and this process is facilitated by amazing teachers. One of my favorite parts of intern year was getting to work with different attendings and senior residents and learning from their various styles. I can honestly say I have picked up different skill sets from each person I have worked with and learned invaluable information just from watching how they handle certain situations. Although I have a long way to go, observing everyone’s diverse styles has helped me figure out how I hope to shape my own. The kindness and patience of these various teachers, many of whom may not even realize the impact they have on us, has left an indelible mark on my intern experience.

As I think about how grateful I am for amazing teachers who made our lives a little easier, I reflect on the fact that we as interns also took on the new role of being teachers this year. One of the major transitions from fourth year to intern year is going from student to teacher. As interns, we are the “closest” to medical students, so when they have questions, concerns, or need advice they typically come to the intern before anyone else in the hierarchy of the team. Given our proximity to their experiences, the intern is able to sympathize best with the student experience. I still remember the anxiety associated with trying to make presentations organized, trying to make sure you had all the relevant information on a patient, making sure your notes were well written, and continuously feeling the pressure to be perfect. We are often caught in the middle of what seems like a million different tasks; however, it is important to stop and set aside some time to focus on our students. Interns too can have an impact stronger than we may know, not only on our students’ general medical knowledge, but also on the favorability and perception of psychiatry as a career choice for these future residents.

I still remember my favorite interns when I was a medical student. We would joke that you knew if someone was nice, they had to be an intern because they hadn’t become jaded yet. Despite the fact that we will no longer have the intern title in just a few months, I hope we can carry forward the excitement and enthusiasm of being a brand-new teacher throughout our remaining years. Remembering the admirable traits of our own favorite teachers this year can help us pay it forward to our own students. Whether our learners are at a stage where they seem to be drinking water from one, two, or several fire hoses, treating them with kindness, patience, and understanding will always make the process easier, and more importantly, hopefully even enjoyable. ■

Dr. Malick is a recipient of the 14th Annual VCU Inova Campus Teaching Award for Psychiatry Residents.



PGY-1s

Raj, Rida, Renee, Carolyn, Alex, Kate



PGY-1s have fun too!

Alex, Raj, Carolyn, Rida, Kate, Renee

Chiefs' Corner

Kaitlin Slaven, M.D.
PGY-4, Inpatient Chief



Spring is a time of rejuvenation; spring cleaning; spring forward. Flowers bloom and warmth melts away the dark winter. As residents, winter is often a particularly dreary season. Long hours in the hospital make for a dearth of sunshine and it can be hard to see the light at the end of the tunnel. It is a time of high burnout. As the days grow longer and the promise of the next academic year emerges, hope returns. As I gear up for even bigger changes- there will be no next academic year to my residency career- I am filled with mixed emotions. The promise of the future excites me, but I am also sad to be leaving a place that has had such an enormous impact on my life.

I have put down roots here at GW over the past 4 years. Honestly, part of me can't wait to get out of this; I have said so many times, "I'm just so *over* being a resident!" However, as the reality of the situation sets in, I realize how much I will be leaving behind. GW has become my home over these years. I have endured the most difficult times of my life here (see above regarding being trapped in the hospital and not seeing daylight for what seemed like days on end), and with that came the opportunity to grow and develop

Patricia Ortiz, M.D.
PGY-4, Administrative Chief



Reflections on 4 years of Psych Residency

PGY-1

- Being an intern is rough. Aside from the astronomical learning curve and demanding work schedule, the illusion of having any power vs. the fear of having to make decisions are two very stressful opposing forces. On the bright side, every year gets easier to manage.
- Intern year is about learning to be a doctor. Psychiatry comes later.
- You can do anything for a month.
- Psych meds work, people do get better. Have faith.

PGY-2

- The thing that I love and hate about psychiatry is all the gray; it's still an art. Give one case to 5 psychiatrists and you'll get 5 different A&Ps, and none may be "wrong." Accept it and learn.
- Regarding call: You are only one person; you can only do so much. Focus on one patient at a time. Be efficient but thorough. Triage based on acuity and communicate. ED patients are being monitored, and you aren't useful if you're totally exhausted. Pace yourself, breathe, rest when you can. They'll be okay, you'll be okay, and there's a fresh team coming in the morning.
- Regarding consult: The money is in the assessment and plan.
- Psychodynamic theory is essential, regardless of your career path. Learn the rules but don't be afraid of them. You won't break your patient. Just be present, listen, and understand; don't worry about saying the wrong thing or breaking the frame.
- Personal therapy is crucial for the budding therapist. Transference is real; you need to know what is coming from you and what is from your patient. Get into therapy ASAP.
- When in doubt, ask "What is that about?"

into a more capable clinician, teacher, and human being than I ever thought possible. I have learned from faculty, my co-residents, and my patients.

Part of me wants to linger a little longer, maybe stick around as a resident for another year (or maybe a resident with an attending salary!), but I know that change is a part of life. Though I am feeling a little hesitant, I know that I am ready for the next chapter. I am acutely aware that things will not ever be the same as before, but, just as when one leaves a loving home to embark on their own journeys, I know I can always return to the safety of what feels like a "home base."

So as the days grow warmer, we all emerge from the cold of winter with the opportunity to embrace this revitalization. As Harriet Ann Jacobs said, "*The beautiful spring came; and when nature resumes her loveliness, the human soul is apt to revive also.*" Change is inevitable and so we must embrace it in order to continue to move forward. I am grateful for my training at GW and I look forward to what comes next. ■

Dr. Slaven is the 2018-2019 recipient of the GW Psychiatry Resident Professionalism Award.

PGY-3

- You will have 6-10 psychotherapy patients throughout training, less if you fast-track. Residents in other specialties see thousands of patients. Every therapy patient is *extremely valuable* to your psychodynamic education.
- Therapy is not advice giving; it's being present, curious, and understanding, which helps patients understand themselves. We are process facilitators; we do not have all the answers.
- You don't have to be a perfect driver to help someone get their car out of a ditch. Just because you have your own life issues doesn't mean you can't help others with theirs. Patterns are easier to observe from the outside.
- Every patient encounter can be a form of therapy. It's not "medication management," it's "psychopharmacotherapy."
- You mean more to your patients than you realize. And you'll learn a lot about yourself through them.
- Supervision is vital; don't underestimate its power. Take advantage while it's free.

PGY-4/ Higher-order thoughts only possible without call

- We do what we can when we can, and that's all we can do.
- Self-care and self-compassion are essential.
- Mindfulness and meditation are legit.
- Feelings can be difficult, but they definitely make life more colorful.
- You know more than you think you do, but you don't know what you don't know. Lean on your colleagues, psych and otherwise. You need them all, you can't do it alone.
- Practicing psychiatry is one of the most emotionally exhausting careers out there, and also one of the most rewarding.
- Wear sunscreen. ■

Many reflections are credited to supervisors, didactic leaders, and co-residents whose identities shall remain anonymous for their own protection ;) Thank you all!

PGY- 4 Feature Article

Jacqueline Posada, M.D.
PGY-4, SAMHSA Fellow



*“... When it's over, I want to say all my life
I was a bride married to amazement.
I was the bridegroom, taking the world into my arms.*

*When it's over, I don't want to wonder
if I have made of my life something particular, and real.*

*I don't want to find myself sighing and frightened,
or full of argument.*

I don't want to end up simply having visited this world.”

-Mary Oliver, When Death Comes

In May 2018, I was named a minority fellow through the APA’s Substance Abuse and Mental Health Services Administration (SAMHSA) Program. As part of my fellowship project I wanted to learn and then teach mindfulness skills to a low-income Spanish speaking population. Since July, I have been awash in mindfulness. I spent 24 weeks enrolled in, and then co-teaching, a Mindfulness-Based Stress Reduction course (MBSR) with Dr. Paul Jones of MedStar Georgetown Hospital. Learning mindfulness started as an idea for a grant, but it has turned into a lifestyle. Dr. Jones has made one thing clear: No one can teach mindfulness without practicing daily mindfulness. Striving to live mindfully through daily meditation and ‘mindful pausing’ means living with *attention* and *intention*. The pause is a moment to observe what the mind is doing right now and recommit to an intention. Without present moment awareness, we wade through reality waiting for a future that never arrives.

In August 2018, I started leading weekly “Autognosis Rounds” with the residents working on the inpatient services at GWU Hospital. The concept of autognosis rounds stems from the term “Limbic Music” coined by the legendary CL psychiatrist, Dr. George Murray. Limbic music is defined as “a term that denotes the existential, clinical raw feel emanating from the patient. It is a truer rendering of the patient's clinical state than is articulate speech.” Every Wednesday morning at 8am, in the dingy call room that smells like the generations of residents who have slept there, I meet with the inpatient resident from 6-South, the resident on the CL service, and the overnight resident, to notice our reactions to residency, to patients, to our lives as students, as workers, and as doctors. There is not a teaching component to the autognosis rounds. The reflections that occur during autognosis rounds are about

diving into our experience and reactions to the goodness, badness, sadness, bittersweet, tear-your-hair-out- craziness that occurs in the hospital.

There is a Buddhist mantra: “*May whatever arises serve to awaken me.*” As psychiatry residents working in the hospital setting, we are privileged and burdened with patients who present in a time of crisis. We grow as doctors by gathering those patient experiences, often at a frantic pace. During crunch time, we must diagnose and treat, often based on a “gut feeling” while moving past personal feelings in the service of providing care. Mindfulness and autognosis rounds are practices centered on curiosity. As humans we tend to homogenize our experiences or avoid the tension, pain, fatigue, and suffering that arises in our lives. By avoiding the pain, we might miss the nuance, like bursts of laughter from a group of exhausted residents punctuating an emotionally grisly story.

As I come to the close of my own residency, I realize that we risk losing a part of our ability to connect with patients when we disconnect from the present. If am not in the present moment, am I fully seeing my patient’s symptoms and understanding their experience? If I haven’t noticed the last time I felt reluctance and ambivalence, how can I convince a reluctant patient to try an SSRI? I became a psychiatrist to witness human expressions of desperation, sadness, ambivalence, relief, joy, and the like. As step into my early career, I want to know that at the end of my career as a psychiatrist, I was a bride married to amazement of the human experience. ■

Dr. Posada is the 2018-2019 recipient of the GW Psychiatry Resident Teaching award.

Kudos!!!

Residents going the extra mile

Congratulations to **Rida Malick, PGY-1** and **Corina Freitas, PGY-4** for being awarded the 14th Annual VCU Teaching Awards in Psychiatry.

Shout out to the King of Shout Outs, **Carl Quesnell, PGY-2**, who did an excellent job as chair of the Wellness Committee this year. He even organized an Easter Egg Hunt!

Mahmoud Aborabeh, PGY-2, was selected for the 2019 APA/APAF Public Psychiatry Fellowship Program. Each year, only 10 fellows from across the nation are chosen for this prestigious program.

Congratulations to **Gowri Ramachandran, PGY-3**, who was selected as one of six national 2019 Rappaport Fellows for her outstanding work in psychiatry and the law.

Congrats to **Sara Teichholtz, PGY-3**, who was awarded this year's Shrier Award for research in women's mental health.

Thank you to Retreat Committee Chairs, **Liza Ebbets, PGY-2**, and **John Fatollahi, PGY-2**, for organizing our Annual Retreat and bringing out our inner Super Heroes!

The Grand Winners of the 2019 Retreat Games were **Carolyn Cookson, PGY-1, Carl Quesnell, PGY-2, and Jimmy Chen, PGY-3** who dominated the balloon toss and played a mean game of Residency Family Feud!

A special thank you to **Kate Cowhey, PGY-1**, for her hard work and dedication to making the retreat amazing!

Corina Freitas, PGY-4, who serves as the Resident Fellow Member Representative for the APA Area 3 Council, is being recognized for her meritorious achievements with the Area 3 Merit Award. Awesome job representing, Corina!

Kudos to the rising chiefs, **Brenna** and **Gowri**, for stepping into their roles early and getting it done!

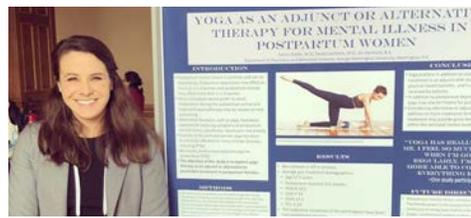
Farewell!

Congratulations and best of luck to our graduating residents as they embark on their new journeys!

- **Jimmy Chen** is fast-tracking to fellowship in Child and Adolescent Psychiatry at UNC Chapel Hill.
- **Corina Freitas** will begin her Forensic Psychiatry fellowship at SUNY Upstate Medical University.
- **Patricia Ortiz** will train at the University of Maryland in Forensic Psychiatry as the inaugural Child Track Fellow.
- **Jacqueline Posada** will begin her fellowship in Psychosomatic Medicine at Inova-GW in Virginia.
- **Caroline Roberts** plans to practice community psychiatry in Virginia.
- **Kaitlin Slaven** will begin her fellowship in Eating Disorders at the University of Maryland/ Sheppard Pratt.
- **Maggie Valverde** has accepted a position with the VA Medical Center in Tampa, FL at the New Port Richey clinic with plans to pursue faculty appointment at USF.
- **Alexis Wesley** is fast-tracking to Child and Adolescent Psychiatry Fellowship at Children's National Health System in Washington, D.C.

We will also be saying goodbye to our beloved Associate Program Director, **Dr. Anna Weissman**. After some quality time with family, Dr. Weissman will be joining the U.S. Food and Drug Administration Center for Drug Evaluation and Research in the Division of Psychiatric Products.

Scholarship & Community



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