



**Department of Psychiatry &
Behavioral Sciences**

**Elective Handbook
2021-2022**

Clinical/Research Electives

Clinical Electives

Assertive Community Treatment (ACT)
Addiction Medicine
Addiction Psychiatry VAMC-Atlanta
Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities
The Carter Center – Liberia Project
The Carter Center – Policy Focus
Child and Adolescent Psychiatry
Clinical Psychiatric Oncology
Consultation/Liaison Service – Emory Univ Hospital
Consultation/Liaison Service – Grady Hospital
Consultation-Liaison Service - Atlanta VA
Family Therapy
First Episode Psychosis
Forensic Psychiatry
Gender Center Clinic
Geriatric Psychiatry and ECT
Geriatric Psychiatry VA Outpatient
Good Samaritan Health Center
Grady Psych ER
Grady Nia Project
HIV/AIDS Mental Health/Substance Abuse
HIV Psychiatry
Medical Toxicology
Obsessive Compulsive Disorder Program
Outpatient Perinatal Psychiatry and Psychotherapy
Palliative Medicine
Park Place Primary Care
Pathway to Independent Practice
PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)
Senior Resident Psychopharmacology
Sleep Medicine
Social Medicine (Urban Health Initiative)
Time-Limited Dynamic Psychotherapy
Trauma Recovery Program
Treatment Resistant Depression
Treatment Resistant Schizophrenia / Clozaril Clinic
Women's Mental Health Program Perinatal Clinical Care - Grady

Research Electives

Grady Trauma Project
Mood and Anxiety Disorders Program: Clinical Trials
PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)
Schizophrenia Research at VAMC
Warrior Care Network

Electives by Site

Grady

Addiction Medicine
Assertive Community Treatment (ACT)
Child and Adolescent Psychiatry
Consultation/Liaison Service
Family Therapy
First Episode Psychosis
Forensic Psychiatry
Gender Center Clinic
Grady Trauma Project
Grady Psych ER
Grady Nia Project
HIV/AIDS Mental Health/Substance Abuse Elective
Medical Toxicology
Palliative Medicine
Park Place Primary Care
Social Medicine (Urban Health Initiative)
Time-Limited Dynamic Psychotherapy
Treatment Resistant Schizophrenia / Clozaril Clinic
Women's Mental Health Program Perinatal Clinical Care

Emory/Wesley Woods

Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities
Clinical Psychiatric Oncology
Consultation/Liaison Service
Geriatric Psychiatry and ECT
HIV Psychiatry
Mood and Anxiety Disorders Program: Clinical Trials
Obsessive Compulsive Disorder Program
Outpatient Perinatal Psychiatry and Psychotherapy
Pathway to Independent Practice
Sleep Medicine
Treatment Resistant Depression
Warrior Care Network

VA

Addiction Psychiatry VAMC-Atlanta
Consultation-Liaison Service - Atlanta VA Medical Center
Geriatric Psychiatry VA Outpatient
Schizophrenia Research
Trauma Recovery Program

Other

Good Samaritan Health Center
The Carter Center – Policy Focus, The Carter Center – Liberia Project

Elective: **Addiction Medicine**

Years Offered: PGY-2, PGY-3, or PGY-4

Faculty: Alaina R. Steck, MD

Contact: alaina.steck@emory.edu

Goals/Objectives:

- Perform a directed, appropriate history and physical examination of patients with substance use disorders in a variety of settings (clinic, emergency department, inpatient units).
- Interact proficiently with health care providers who are consulting the Addiction Medicine service, by performing timely follow-up, answering questions effectively, and providing accurate recommendations.

Rotation Details:

Schedule:

One-month option:

Rotation hours will be Monday through Friday, from approximately 8:00am – 4:00pm.

There are no weekend or overnight on-call responsibilities.

Continuity / longitudinal clinic option:

One half-day per week for 6 – 12 months.

First day:

Please coordinate meeting time and place with Dr. Steck prior to your first day—you will either meet in MAOT clinic (10 Park Place, 2nd floor) or at the Georgia Poison Center (50 Hurt Plaza, 6th floor, Suite 600).

Core Topics

- Neurobiology of substance use disorders
- Alcohol use disorders
- Opioid use disorders
- Stimulant use disorders
- Medication-assisted treatments for opioid use disorders
- Buprenorphine waiver training

Rotation Responsibilities and Expectations:

- Be punctual and prepared for daily rounds and clinic.
- Attend MAOT clinic administrative and treatment team meetings.
- Pre-round on bedside Addiction Medicine consults, write consult notes (in conjunction with a toxicology fellow or attending), and communicate recommendations to the primary team, as applicable.
- Prepare and present a 15-minute, end-of-rotation presentation on an Addiction Medicine topic of your choice.

Evaluations

The clerkship director, faculty members with whom you worked, and toxicology fellows all contribute to your final evaluation. You will also have the opportunity to evaluate the rotation, fellows, and faculty.

Support: Grady Stipends

Elective: Assertive Community Treatment (ACT) - Grady Memorial Hospital

Years Offered: PGY-2 and/or PGY-4

Faculty: Justin Palanci, MD

Contact: Justin.palanci@emory.edu

Summary: Assertive Community Treatment (ACT) - In this setting, residents will be the physician member of an ACT team working alongside the team's nurse practitioner to provide evidence-based psychiatric and medical care to their clients. Residents will have the opportunity to develop solutions for ACT clients' complex psychosocial issues. Activities will include engaging clients and their support networks, performing mental health assessments, and providing medication management in the community (jails, streets, cafes, individual homes, personal care homes, etc). Residents will have the opportunity to advocate for their clients, work with other service entities, and learn more about existing resources for those with severe mental illness. In addition, the ACT program uses telemedicine to connect with patients who otherwise would have difficulty utilizing ACT services.

Maximum: 2 residents

Time commitment: For PGY2, up to 2 half days per week. For PGY4, up to 4 half days per week

Objectives: Can be individualized based on Resident interests

Location: Grady Memorial Hospital

Support: Grady Stipends

Elective: **Addiction Psychiatry VAMC-Atlanta**

Years Offered: PGY-2 and/or PGY-4

Faculty: Jennifer Casarella, MD, Ayman Fareed, MD

Contact: 404-321-6111 x6900

Summary: The Substance Abuse Treatment program at the Atlanta VAMC offers a variety of elective experiences for PGY-4 residents. Three electives have been established by previous residents, but the VA Addiction Psychiatry Faculty are open to tailoring a unique experience for an interested resident. Previous rotations have included the following:

1. Residents can elect to spend 4 or more half-days per week working with one of the intensive outpatient treatment programs functioning as a junior attending, attending journal clubs and weekly group supervision as well as individual supervision.
2. Alternatively, one may elect to work with the Opioid Agonist Therapy Clinic and gain experience prescribing methadone and buprenorphine.
3. One can elect to spend one hour of supervision each week learning cognitive behavioral therapy for substance use disorders, 12-step facilitation therapy, and/or motivation enhancement therapy for select patients from the OPTP. The resident will need to receive approval from both the Addiction Psychiatry attending and the Director of the OPTP.
4. Residents can elect to spend 4 or more half-days per week with the Substance Abuse Trauma and Recovery (STaR) Program. This manually-guided, cognitive-behavioral therapy approach to treating PTSD and SUDs simultaneously.

Maximum: 2 residents

Time commitment: Flexible – up to 8 half days per week depending on OPTP patient load

Objectives: Can be individualized

Location: VAMC

Support: VA Stipends

- Elective:** **Adults with Autism-Spectrum Disorders and Neurodevelopmental Disabilities**
- Years Offered:** PGY-3 or 4
- Faculty:** Joe Cubells, MD, PhD
- Contact:** 404-727-2005, cell 404-433-2189 (texting is a good way to reach me!) or PIC 12870
- Summary:** Autism spectrum disorders (ASD) and intellectual disability (ID) are lifelong conditions that present a mix of “bread and butter” psychiatric challenges (e.g., depression, anxiety or psychosis), as well as issues that do not always present in the general psychiatric clinic population (e.g., the need to consider genomic testing during evaluation; the need for the psychiatrist to interact with a variety of service agencies serving the intellectually disabled; specific deficits in language, communication and reciprocal social interactions, etc.). This clinical experience will provide trainees the opportunity to evaluate and treat adults with ASD and/or ID, sometimes idiopathic, and sometimes related to a genomic disorder, in the setting of a specialty center (the Emory Autism Center) that treats persons with ASD and ID of all ages. Your caseload will start at zero, and you will follow each patient you evaluate, with the follow-up interval determined by clinical need (usually from 2 weeks to 3 months). Each week, you evaluate one case, and as the year progresses, you will see new and follow-up cases.
- Maximum:** 2 residents
- Time commitment:** In general, 1 half-day/week for one year, although this can be negotiated. A weekly supervision meeting with Dr. Cubells will be part of the half-day experience. Monthly journal clubs are also offered, in addition to clinical supervision meetings.
- Objectives:**
1. To gain clinical experience in outpatient psychiatric evaluation and management of patients with autism-spectrum disorders (ASD) and related neuro-developmental disabilities (NDD), including the following:
 - a. Psychopharmacological management.
 - b. Diagnostic evaluation of ASD.
 - c. Team-based treatment approaches.
 - d. Psychiatric interviewing of ASD patients and their family members.
 2. To become familiar with the role of genetic testing in the evaluation of ASD and related NDD.
- Location:** The Emory Autism Center, located on the Clairmont Campus
- Support:** Emory Stipends

Elective:	Carter Center – Liberia Project
Years Offered:	PGY-4
Faculty:	Thom Bornemann, EdD
Contact:	tbornem@emory.edu , 404-420-5165
Summary:	<p>The Liberia Project is a 5-year, multinational project focused on scaling up services and health development in a post-conflict low-income environment. The Carter Center has had an investment in conflict resolution/peace/election monitoring for over 20 years in Liberia.</p> <p>The Liberia Project has 3 components:</p> <ol style="list-style-type: none"> 1. Training of Mental Health providers <ul style="list-style-type: none"> -Project focuses on developing and implementing a training program for mental health care for post-graduate nurses and physician assistants who do the bulk of the clinical care -Program has graduated 79 people (20 students per cohort), with goal of 150 2. Working with ministry in support of national health policy <ul style="list-style-type: none"> -Development and implementation of national health policy (plan is done, now working on implementation) -Advocate for national mental health legislation -Set up and deliver continuing education workshops -Collect data on the effectiveness of nurses' work 3. Psychosocial Education and Advocacy <ul style="list-style-type: none"> -Healthcare in general is provided by the family -Educate family on mental illnesses and how to access mental health services -Teach family about conditions, accessing care and help organize into advocacy groups locally and nationally -Participate in anti-stigma efforts <p>Residents have the opportunity to participate in several aspects of the project. The experience could include spending 3-4 weeks in the hospital in Monrovia, the capital city of Liberia, assisting in teaching the curriculum and providing clinical care. There are extremely high rates of sexual abuse and PTSD in this population, in part due to the use of child soldiers during the war. In addition, culture-bound syndromes are not uncommon in the population.</p>
Maximum:	N/A
Time commitment:	Flexible – up to 8 half days per week depending on OPTP patient load. If traveling to Liberia, this would involve 3-4 weeks in Liberia.
Objectives:	Can be individualized
Location:	The Carter Center and potentially Liberia
Support:	Departmental Stipends

Elective: Carter Center – Policy Focus

Years Offered: PGY-4

Faculty: Thom Bornemann, EdD

Contact: tbornem@emory.edu, 404-420-5165

Summary: The Mental Health Program at the Carter Center works to promote awareness about mental health issues, inform public policy, achieve mental health parity, and reduce stigma against those with mental illness. There are a number of opportunities related to policy work, at the local, state, and international level. Resident involvement could include writing papers, assisting with analysis of portions of the legislation, attending advocacy oriented meetings, involvement with lobbyists, education, and other behind the scenes work.

As examples, residents can participate in combinations of the following activities:

1. Initiatives in GA

- A Department of Justice (DOJ) lawsuit against the State of Georgia was initiated in 2008, and a settlement agreement was brokered in Oct 2010, focusing on the neglect of the public mental health system. The lawsuit cited inadequate and unreliable discharge resources. Resident involvement could involve reviewing the literature on how other states are managing these agreements.

-There are also opportunities involving the implementation of the Affordable Care Act. The Carter Center will be helping to interpret for the states.

2. Medicaid redesign

-The Carter Center is monitoring the redesign process and advocating for our patients with disabilities

-Experience could involve writing requirements, contracts, etc. (the nuts and bolts)

-Help to ensure that the contractors involved understand the types of services that our patients need and will they be able to deliver it in the new program

-Residents get exposure to management and policy

3. Child and Adolescent Initiative

- Mental health and substance use care for children and adolescents was not addressed in the DOJ settlement and the public system currently faces considerable challenges

-Process starts with an intensive due diligence process, looking at feasibility and system development opportunities.

4. Substance abuse

-There are projects in and out of the city, including SBIRT through SAMHSA

-Opportunities to work with John Bartlett, MD, MPH in assisting the state systems implement SBIRT in the hospitals

5. Integrative Care Project

-Residents are going to be facing new practice environments and can get training to be prepared

-Supervision from John Bartlett, MD, MPH, who formerly worked at Cigna, and has a unique perspective in helping to link the private and public sectors, the separation of which is now becoming irrelevant (i.e. Medicaid is being privatized)

-Help to organize payers in a summit and get the private and public payers to meet

Maximum: N/A

Time commitment: Flexible – up to 8 half days per week depending on OPTP patient load

Objectives: Can be individualized

Location: The Carter Center

Support: Departmental Stipends

Elective:	Child and Adolescent Psychiatry
Years Offered:	PGY-2 and/or PGY-4
Faculty:	Jennifer Holton, MD
Contact:	404-727-3886
Summary:	<p>Generally the elective can be arranged to fit the interests of the resident. The elective can involve:</p> <ul style="list-style-type: none"> Outpatient clinical experiences including <ul style="list-style-type: none"> Psychopharmacology clinics Psychotherapy clinics Autism clinics Neurodevelopmental evaluation clinic Family therapy Child and Adolescent Forensics School Consultation Observation of normal and delayed development in a preschool environment Inpatient clinical experiences C/L clinical experiences at CHOA Research opportunities <p>Interested residents should call Dr. Holton prior to the rotation to discuss their interests and possible assignments/ schedules</p>
Maximum:	1 resident
Time commitment:	Variable – up to 8 half days per week
Objectives:	Would be developed individually for each resident
Location:	EP12 and other Emory and community sites
Support:	Grady Stipends

Elective: Clinical Psychiatric Oncology

Years Offered: PGY-4

Faculty: Wendy Baer, MD

Contact: wbaer@emory.edu, PIC 13361

Summary: This elective is designed for a 4th year resident with an interest in consult-liaison psychiatry that focuses on the cancer patient. The elective will consist of inpatient and outpatient care of the psychiatric needs of cancer patients at the Winship Cancer Institute. Typical patient encounters involve diagnosis, medication management, and psychotherapy related to issues common for the cancer patient including: depression, anxiety, cognitive dysfunction, substance misuse, fatigue, and pain.

The elective includes creation and implementation of educational activities for physicians, nurse practitioners, social workers, and patients. The resident must commit to at least one half day per week for three to six months.

Maximum: 1 resident

Time commitment: 1 half-day (must be combined with another elective option)

Objectives: The resident will

1. Advance their skills in evaluating and treating patients who have psychiatric symptoms in the setting of cancer diagnosis and treatment.
2. Improve their understanding of medically complex cancer patients with special attention to issues of quality of life, end of life issues, and family dynamics for patients and caregivers. Residents will also advance their ability to treat mental distress in patients with cancer implementing both biological and psychological modalities.

Location: Winship Cancer Institute, Emory University Hospital

Support: Emory Stipends

Elective: Consultation/Liaison Service – Emory University Hospital

Years Offered: PGY-3 /PGY-4/PGY-5 (IM/Psych Residents)

Faculty: Raymond Young, MD (Thurs, Fri. & alternating Mon.)
Heather Greenspan, MD (Tues, Weds, & alternating Mon.)

Contact: Cell # or PICS of above faculty

Summary: This rotation serves to those residents who have a strong interest in the subspecialty of C/L Psychiatry. **The upper level residents will have opportunities to serve as consultants to inpatient medical and surgical patients, on the level of a junior attending. As an upper level resident, you will NOT be responsible for covering the pager. Rounds can be run once weekly under the supervision of an attending psychiatrist.** They will have opportunities to address a variety psychiatric groups which include affective disorders, anxiety disorders, delirium, somatoform disorders, and substance abuse. They will also get the unique opportunity to evaluate surgical candidates for heart, lung and liver transplants. They will also have the opportunity to work with and teach medical students who rotate on the service. All aspects of the rotation are supervised by an attending psychiatrist.

- This rotation can be combined with other consultation/liaison sites including Grady Hospital and Emory University Hospital Midtown

Maximum: 2 residents

Time commitment: 6- 8 half days/week

Objectives: Residents will

1. To develop further proficiency in psychiatric assessments in medically ill patients, **as a junior attending physician.**
1. To determine appropriate follow up care, whether it is medication management or supportive psychotherapy, **as a junior attending physician.**
3. To develop proficiency in psychological evaluation of transplant candidates, **as a junior attending physician.**
4. To develop teaching skills to provide education to the consultee as well as medical students, **as a junior attending physician.**

- Additionally, objectives can be further individualized according to the resident's interests.

Location: Emory University Hospital

Support: Emory Stipends

Elective: Consultation/Liaison Service – Grady Hospital

Years Offered: PGY-2 and/or PGY-4

Faculty: Ann Schwartz, MD

Contact: aschwa2@emory.edu; PIC 15807

Summary: This rotation trains residents to serve effectively as a psychiatric consultant with additional opportunities to liaison with specialty medical services at Grady Memorial Hospital. In this capacity, residents provide psychiatric consultation exclusively to medically admitted patients who concurrently are experiencing (or are perceived to be by the primary team) psychiatric difficulties. Given the diversity in patients serviced at Grady Hospital, resident will have exposure to wide variety of psychiatric populations (e.g., delirium/dementia, psychotic disorders, affective disorders, anxiety disorders, substance use disorders, somatoform/ conversion disorders, as well as Axis II disorders). Additionally, this rotation affords residents the unique opportunity to provide psychiatric care to specific medically ill populations, such as cancer patients, individuals infected with HIV/ AIDS, dialysis patients, amputees, and severe trauma patients (GSWs, MVCs, burn survivors).

The CL service, overseen by several Psychiatrists, serves as a teaching service for psychiatric residents, medical students, and psychology interns who receive bedside and formal group supervision from the CL Attendings for every patient evaluated. This rotation also includes regular didactic clinical training components emphasizing the practice of evidence-based psychopharmacology and skillful clinical interviewing. This rotation can be combined with other consultation/liaison sites including Emory Hospital and Crawford Long Hospital.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week

Objectives: Residents will

1. Increase competency and efficiency in conducting psychiatric assessments for medically involved patient & provide comprehensive, evidence-based treatment recommendations to referring primary medical team
2. Provide ongoing follow-up psychiatric med management for patients on the CL service as well as other treatment-oriented services to medically admitted patients, such as crisis medication management, behavioral management recommendations, disposition planning, brief supportive psychotherapy
3. Increase expertise in evaluation of individuals with questionable capacity or altered mental status
4. Liaison with medical services by providing psychoeducation to physicians and other health care providers who refer to our CL service within the Grady system

Location: Grady Memorial Hospital

Support: Grady Stipends

Elective: Consultation-Liaison Service - Atlanta VA Medical Center

Years Offered: PGY-2 and PGY-4

Faculty: Walid M. Nassif , MD

Contact: 404-583-8727

Summary: The CL service provides consultation to Medicine, Surgery and ICU patients at the VA Medical Center, and serves as Liaison between the medical floors and the Inpatient Psychiatry unit. While a variety of psychiatric disorders are encountered, there is clear emphasis on delirium, dementia, affective disorders, psychosis and somatizing disorders. The resident will develop skills in thinking through cognitive disorders and somatizing disorders on this rotation, as well as comfort in assessing patients' capacity to make informed decisions.

Due to the moderate volume of consults at the VA, the resident will have time to thoroughly evaluate each case and acquaint themselves with relevant literature. There is a strong emphasis on teaching and the resident will have frequent and in-depth exposure to supervising faculty on the service.

Maximum: 1 resident

Time Commitment: At least 6 half days per week, preferably more

Objectives: Resident will

1. To develop comfort in the assessment and differentiation of cognitive disorders, especially in the medically ill
2. To increase proficiency in determining the elements of capacity to make decisions in the psychiatrically or cognitively impaired
3. To navigate the concepts of somatization and acquire skill in communicating with consultees as well as patients and families about these challenging disorders

Location: VAMC, 1B517

Support: VA Stipends

Elective: General Psychiatry Practice

Years Offered: PGY-4

Faculty: Toby Goldsmith, MD and Tamara Weiss, MD

Contact: 404-778-2205; PIC 13658

Summary: Many Emory residents will chose to enter individual or group private practice after graduation. This elective offers an opportunity to work in a setting most like a private practice and to learn how to manage it.

Clinicians in the General Psychiatry Practice see a combination of outpatients receiving medication management only, therapy only, and integrated treatment. Residents will develop a new panel of patients in concert with each attending. They will participate in triaging these patients – selecting which ones to treat and which to refer out to community psychiatrists. And they will identify an appropriate treatment plan for each, including emergency hospitalization when necessary. Faculty will provide direct supervision of each patient. Residents will also receive an hour of supervision each half-day. They will be expected to participate in a monthly journal club on subjects of their own interest.

Maximum: 2 residents

Time commitment: In general, 1 to 2 half-days/week for one year, although this can be negotiated.

Objectives:

1. To learn how to triage your practice – that is, how to select the most appropriate patients for the services you can provide, recognize potentially emergent and/or difficult patients and maintain a balance that avoids clinical burn-out.
2. To learn how to identify good psychotherapy patients and what form(s) of therapy will be helpful.
3. To practice sharing joint treatment of patients with psychotherapists in the community.
4. To understand the importance of professional support networks and ongoing supervision/consultation after graduation.
5. To learn how to manage billing and insurance issues for your practice and understand the productivity standards established in academic psychiatry and private practices.

Location: Executive Park 12

Support: Emory Stipends

Elective: Family Therapy

Years: PGY-2 and/or PGY-4

Faculty: Nadine Kaslow, PhD and Laura Loucks, PhD

Contact: nkaslow@emory.edu (Dr. Kaslow)

Summary: This elective will include attending the live supervision family therapy seminar (Mondays from 4:30 – 6:30pm October - March), engaging in directed readings, and providing couple or family therapy (optional).

Maximum: 3 residents

Time commitment: 3-6 hours per week – must be combined with another elective

Objectives:

- Gain familiarity with couples and family therapy assessment and intervention approaches
- Develop comfort with engaging couples and families in assessments and interventions
- Develop competence in couples and/or family interventions with adults and/or children

Location: Grady Memorial Hospital

Support: Grady Stipends

Elective: First Episode Psychosis (Project ARROW)

Years Offered: PGY-2, PGY-3 (residents based at Grady), and PGY-4

Faculty: Robert Cotes, MD

Contact: 304- 444-9122

Summary: Project ARROW (Achieving Recovery through Resilience, Optimism, and Wellness) is a Coordinated Specialty Care (CSC) team for individuals with first episode psychosis at 10 Park Place. Components of CSC include low dose pharmacology, individual therapy, supported employment, case management, nursing, peer support, and support for families. Support for families is generally delivered through an Open Dialogue oriented approach. Further training opportunities could be offered in Open Dialogue, if interested. Clinics are usually held Monday and Thursday afternoon but there is ongoing clinical work throughout the week, and can be flexible depending on the resident's schedule. There is a team meeting Monday at noon and optional huddles weekdays at 9 am. Residents will also have the opportunity to visit the client in their home or other agreed upon location in the community. Interested residents could also participate in the ongoing research initiatives to evaluate Project ARROW or take place in other first episode psychosis research at Grady.

Maximum: 2 residents

Time commitment: PGY2: Either the "short" or "long" elective; PGY-3: 1 half day per week for those residents based at Grady; PGY4: Negotiable based on one's clinical and research interests

Objectives:

1. Residents will demonstrate clinical proficiency in the pharmacologic management of individuals with first episode psychosis.
2. Residents will take a leadership role in an interdisciplinary team and will work collaboratively with families.
3. Residents will acquire knowledge about first episode psychosis, the known risk factors, its natural history, and proposed etiologies.

Location: 10 Park Place

Support: Grady Stipends

Elective: Forensic Psychiatry

Years Offered: PGY-2 and/or PGY-4

Faculty: Peter Ash, MD

Contact: 404-727-3244

Contact: peter.ash@emory.edu

Summary: A variety of forensic experiences available, depending on the time and interest of the resident, including inpatient and outpatient evaluation of criminal defendants and participation in civil cases. Must be available for mandatory Tuesday morning criminal forensic experience and Friday morning didactic meetings 9:30-11:45. Also recommended that residents be available Thursdays for inpatient forensic experience and Thursday afternoon for City Jail experience.

Maximum: 2 residents

Time commitment: For PGY2 and PGY4, up to 8 half-days per week. PGY-4's contemplating applying for forensic fellowships should seriously consider taking elective in July.

Objectives:

1. Learn the forensic approach to a case and common forensic tests
2. Conduct forensic evaluations for the courts, including testifying if called

Location: Based at Grady, utilizes other sites (GA Regional, Atlanta City Jail, Fulton County Jail)

Support: Grady Stipends

Elective: Gender Center Clinic

Years Offered: PGY-4

Faculty: Sarah Herbert, MD

Contact: sarah.herbert@decaturfamilypsychiatry.com>

Summary: In this elective, residents will learn about providing psychiatric care to the gender non-conforming patients. The residents will complete full psychiatric assessment for trans and gender non-conforming patients in a sensitive, knowledgeable manner. This assessment is equivalent to a psychopharmacology clinic new patient evaluation, or a diagnostic assessment at a community outpatient center but also includes trans or gender non-conforming relevant history which will be taught as part of the elective. Residents will present the patients, including preliminary differential diagnosis, treatment plan, and appropriate follow up referrals and see follow up patients and carry out relevant treatment plan (medication management and/or psychotherapy interventions as appropriate). Residents are expected to attend scheduled didactics and complete an online curriculum, and attend weekly dinners with trans advocates/representatives. If residents plan to participate in a research study, they are expected to complete the IRB process, and will be eligible to assist with consenting patient, data collection and entry and review. The experience includes collaborations with an LPC for group referrals and assisting with group therapy if interested as well as collaborating with the clinic endocrinologist, internist and gynecologist as needed. Opportunities to educate and supervise medical students will also be available.

Maximum: 2 residents

Time commitment: Clinic is one half-day twice monthly (2nd and 4th Mondays of each month)
Minimum 3-month commitment

Objectives:

1. Learn about health disparities faced by the gender non-conforming community in Atlanta and nationwide
2. Learn how to perform a sensitive, competent, comprehensive psychiatric evaluation of a gender non-conforming patient
3. Participate in a multidisciplinary clinic

Location: Grady – Main campus

Support: Grady Stipends

Elective: Geriatric Psychiatry and ECT

Years Offered: PGY-2 and/or PGY-4

Faculty: Adriana Hermida, MD and William McDonald, MD

Contact: ahermid@emory.edu

Summary: Residents will participate in the outpatient geriatric clinic and ECT service. The outpatient geriatric clinic includes comprehensive initial evaluation and follow up of geriatric patients with major depression, bipolar disorder, dementia and delirium.

The resident will spend two days in the Fuqua Center outpatient clinic including one full day managing their outpatient clinic, one half day involved in telemedicine referrals from sites in rural Georgia and one half day evaluating and treating patients in nursing homes and assisted living facilities in the metro Atlanta area. Senior clinicians will be onsite for direct supervision of all patient encounters.

Under the supervision of faculty, the resident will spend two half days a week on the ECT service and will evaluate and treat patients referred to the Emory ECT service.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week.

Objectives:

1. The resident will develop skills in evaluating and treating patients with late-life mood disorders and cognitive disorders. This rotation is particularly suited for residents considering a fellowship in geriatric psychiatry.
2. The resident will learn how to evaluate a patient for ECT and will become familiar with the administration of ECT. By the end of the rotation the resident will be able to do an independent evaluation of a patient referred for ECT and administer an ECT treatment.

Location: Wesley Woods

Support: Wesley Woods Stipends

Elective: Geriatric Psychiatry VA Outpatient Elective

Years Offered: PGY-2

Faculty: Ishrat Khan, MD

Contact: Ishrat.Khan@va.gov, 404-321-6111 ext.6053

Summary: Residents will rotate with outpatient geriatric mental health services at the Atlanta VA medical center. The geriatric psychiatry team provides evaluation and treatment of veterans with a wide spectrum of mental health issues, including those with significant affective and cognitive syndromes. The team works in close concert with Bronze Geriatric Medicine outpatient clinic to provide coordinated care for elderly veterans. In addition, Geropsychiatry provide mental health services to Spinal Cord Injury Clinic Patients and patients enrolled in home based primary program.

Residents will spend most of their time in the mental health clinic evaluating patients and providing clinical care as well as participate in group therapy led by Geropsychiatry therapists. In addition, the resident will spend one half-day in the Bronze Geriatric Medicine clinic to observe patients evaluated by the Geriatric internist. Residents will also spend two half-days with the Spinal Cord injury clinic to observe patients evaluated by the Physiatrist. They will spend one half-day at audiology clinic observing elderly patients evaluated by audiologist. During the remaining time, residents will participate in didactic activities. Direct supervision will be available on-site for all patient encounters.

Maximum: 1 resident

Time commitment: 8 half-days/weeks

Objectives: The residents will develop skills in evaluating patients with late-life mood disorders, anxiety disorders, and cognitive disorders.

The residents will learn about the multi-disciplinary nature of delivering geriatric care and gain exposure to the practice of geriatric psychiatry. It should be of particular value for those residents considering a fellowship in geriatric psychiatry.

Location: Atlanta VA hospital (may attend some additional didactic activities at Wesley Woods Campus)

Support: Resident stipends vs. grant

Elective: Grady Trauma Project

Years Offered: PGY-2 and/or PGY-4

Faculty: Abigail Powers Lott, PhD, ABPP

Contact: abigail.lott@emoryhealthcare.org

Summary: We are looking for residents, interns, postdoctoral fellows or psychology practicum students to be members of our trauma clinic and research team. We will provide opportunities for:

- Leading Group Psychotherapy
- Conducting Individual Psychotherapy
- Supervision in an approach to treatment integrating elements of supportive, cognitive-behavioral and psychodynamic approaches
- Involvement in a number of ongoing research projects related to civilian PTSD

Ongoing Group Therapy: Groups include 8-week Mindfulness-based Cognitive Therapy (MBCT) and 8-week Dialectical Behavior Therapy (DBT) groups for Black adults with PTSD and/or depression symptoms. The groups are offered on a rolling admission. MBCT Group Time: 9:30- 11:00 on Wednesdays; DBT Group Time: 9:30-11:00 on Tuesday.

*Group times are subject to change.

Individual Psychotherapy: As we have staff (residents, practicum students) available we provide individual psychotherapy for patients with symptoms related to traumatic experiences. Time: Individual therapy appointments are scheduled according to the availability of the therapist and patient.

Clinical Assessment: Patients referred to the Grady Trauma Project for potential research or clinical services meet with one of our team members for a 2-3 hour clinical assessment. The purpose of the clinical assessment is to determine diagnoses and evaluate potential fit for active basic research and treatment studies. Time: Variable.

Research Projects: The Grady Trauma Project (GTP) is a large-scale study of the impacts of stress- and trauma-related risk factors for posttraumatic stress disorder (PTSD) and related behavioral and physical health comorbidities in a high risk, highly trauma-exposed urban population of Black adults in Atlanta, GA. This interdisciplinary team of investigators is led by Co-Directors Abigail Lott, PhD, ABPP (Director of Treatment Research and Education), Vasiliki Michopoulos, PhD (Director of Translational Neuroscience), and Jennifer Stevens, PhD (Director of Human Neuroscience). The GTP leverages translational techniques, such as neuroimaging, physiology and psychophysiology, to study the underlying biology of adverse health outcomes related to trauma exposure and PTSD. Over the last 15 years, the GTP has conducted trauma interviews on over 12,000 participants recruited from medical clinic waiting rooms at Grady Memorial Hospital in Atlanta, GA. Data from GTP indicate high rates of trauma exposure, with >90% reporting at least one trauma, and 46% meeting lifetime diagnostic criteria for PTSD. Current GTP studies are trying to 1) understand the mechanisms by which women are more at risk than men for PTSD and other stress- and trauma-related adverse health outcomes and co-morbidities (e.g. reproductive dysfunction, cardiovascular and metabolic disease, immune dysfunction, infectious disease, cancer and aging), 2) identify new neurobiological treatment targets following acute trauma exposure, and 3) develop and implement culturally informed evidence-based, accessible interventions

for PTSD other stress- and trauma-related adverse health outcomes with the long term goal of reducing health inequities and improving health outcomes in Black communities.

Maximum: 2 residents

Time commitment: For PGY2, up to 8 half days/week. For PGY4, up to 6 half days per week. Attendance at Tuesday afternoon team meeting preferred (Time: 1-3pm Tuesdays).

Objectives:

1. Develop skills in clinical research, and targeted to the resident's interest, combining clinical research with biological measures of psychological and physical health.
2. Develop skills in evaluating and treating patients with a history of trauma and PTSD
3. Gain experience in the psychotherapeutic treatment of PTSD, integrating elements of supportive, cognitive-behavioral and psychodynamic approaches

Location: Faculty Office Building and General Clinical Research Centers at Grady Memorial Hospital

Support: Grady Stipends

Elective:	Good Samaritan Health Center (Integrated primary care and behavior health clinic for un-housed and low-income clients)
Years Offered:	PGY-4
Faculty:	Elizabeth (Lisa) Boswell, MD (currently volunteers at Good Sam one half day per month for Homeless Clinic and one half day per month for general clinic).
Contact:	drboswell@comcast.net ; 678-613-4064 Note: Questions regarding the Good Samaritan facility and scheduling can be directed to Breanna Lathrop, Medical Services Director, at 678-553-4915 or Breanna@goodsamatlanta.org .
Summary:	Homelessness is a complex problem involving economic, social, and mental health issues. In a 2013 study conducted by the Pathways Community Network Institute, more than 6600 men, women, and children were found to be homeless in Atlanta. The Good Samaritan Health Center’s primary care and behavior health clinic for un-housed clients is providing comprehensive primary care and behavioral health assessments in a compassionate and efficient environment. Residents will assist in psychiatric assessment, diagnosis, and treatment plans. Medications are provided onsite. When not actively engaged in care for the un-housed, residents will provide behavioral health assessments and treatment to low income clients at risk for homelessness.
Maximum:	1 resident
Time Commitment:	One half day per week (Friday) 8:00am-12:30pm.
Objectives:	<ol style="list-style-type: none"> 1. Residents will develop clinical proficiency in the use of screening tools and rapid assessments of psychiatric patients who are homeless. 2. Residents will gain practice in working across disciplines including primary care, nursing, social work, and licensed professional counselors, and in developing liaisons with shelters and homeless advocacy organizations. 3. Residents will participate in academic journal group discussions around issues pertaining to homelessness.
Location:	Good Samaritan Health Center (1015 Donald Lee Hollowell Parkway, Atlanta, GA 30316).
Support:	Good Samaritan Health Center will contribute proportionately to Stipends

Elective: Grady Psych ER

Years Offered: PGY-4

Faculty: DeJuan White, MD

Contact: dejuan.white@emory.edu

Summary: Clinical Experience: The resident will directly supervise the PGY-1 the resident in his/her cases. The PGY 4 will provide direct feedback to the PGY 1 on interview technique, the suicide assessment, diagnosis and treatment planning. The PGY 4 will also have cases directly presented to him or her.

Maximum: 1 resident

Time commitment: Up to 6 half-days per week

Objectives:

1. To have PGY 4 resident function the role of a clinical junior attending.
2. To expand the PGY 4 resident's clinical and supervisory skill set

Location: Grady ECC

Support: Grady Stipends

Elective: **Nia Project**

Years Offered: PGY-2 and/or PGY-4

Faculty: Nadine Kaslow, PhD

Contact Number: nkaslow@emory.edu (Dr. Kaslow)

Summary: Residents may elect to work on the Nia Project, a comprehensive program for suicide attempters with a history of interpersonal violence. Responsibilities may include attending the weekly team meeting, providing individual therapy, co-leading weekly groups (support, skills-based and process), offering medication management consultations, preparing manuscripts for publication, assisting with grant applications, and engaging in community outreach and social justice advocacy.

Maximum: 2 residents

Time commitment: 4-12 hrs/wk (Must be combined with other elective)

Objectives:

- Develop competence in culturally informed interventions with suicidal African Americans (may focus on women only) with a significant trauma history
- Engage in research (e.g., data analysis, manuscript preparation) and publication process

Location: Grady

Support: Grady Stipends

Elective:	HIV/AIDS Mental Health/Substance Abuse – IDP Center for Well Being
Years Offered:	PGY-4
Faculty:	Sanjay Sharma, MD (elective coordinator and contact faculty), Neil Whicker, MD, and Gene Farber, PhD
Contact:	Dr. Sharma: email: sshar02@emory.edu ; telephone: 404-616-9710
Summary:	<p>The Infectious Disease Program (IDP) is an integrated, multi-specialty, multidisciplinary, outpatient clinic serving individuals infected with HIV/AIDS. As an important component of the IDP, the Center for Well Being provides comprehensive mental health, substance abuse, and wellness-based services to IDP patients.</p> <p>Resident responsibilities will include conducting clinical intakes, following patients for medication management and psychotherapy, providing crisis intervention, and working in consultation with other IDP providers and clinicians. A goal of this elective is to allow the resident to function increasingly as an independent physician, with eventual full outpatient care responsibilities, including initial evaluation/assessment, treatment planning and implementation, regular follow-up appointments, patient education, and crisis management. The resident will also gain invaluable experience in working collaboratively with other clinicians and providers in a multidisciplinary care setting.</p>
Maximum:	2 (per 6 month elective duration period)
Time commitment:	Minimum 1 day/week (including weekly supervision with Attending) Duration - minimum of 6 months
Objectives:	<ol style="list-style-type: none"> 1. Conducting routine, urgent, and emergency comprehensive diagnostic assessments and treatment planning in HIV-infected individuals. 2. Providing psychotherapy, psychoeducation, and medication management to HIV-infected individuals. 3. Collaborating and consulting with other disciplines to address client mental health/substance abuse concerns.
Location:	Infectious Disease Program, Grady Health System, 341 Ponce de Leon Avenue
Support:	Grady Stipends

Elective: HIV Psychiatry (Emory Midtown)

Years Offered: PGY- 4

Faculty Lydia Fazzio, MD

Contact: 646-652-9281 / LFazzio@emory.edu

Summary: The HIV Psychiatry rotation at Midtown is poised to offer residents a multi-modal experience that transcends the siloed experience of a traditional outpatient clinic. The patient encounter will touch on aspects of healthcare delivery including digital psychiatry and health tech, public policy, pharmacology, social determinants of wellbeing, integrative approaches, and multiple comorbidities. The resident becomes the epicenter of a multi-disciplinary collaboration with a nurse, SW, pharmacist, nutritionist and ID Doc for each patient.

You will meet with Dr Fazzio to agree on a case load and follow-up intervals. Caseload likely 1-2 eval per ½ day with follow-ups as needed.

Mini lecture topics by various staff members during your time will include: drug/drug interaction, history of HIV, LGBTQ issues, insurance issues, transgender issues, sexuality, addictions in HIV, mental illness in HIV and policy considerations as well as health tech/digital psychiatry initiatives

Maximum: 1 resident

Time commitment: 1 half-day/week for 6months to 1year depending on availability (this is flexible). Weekly supervision meeting with Dr. Fazzio and other relevant members of the staff including our pharmacist/nutritionist/nursing will be part of the half-day experience. Monthly journal reviews as relevant.

Goals: Upon completion of this rotation, the resident will gain proficiency in

- designing personalized pharmacotherapy and integrative medicine recommendations for patients with complex medical-psychiatric comorbidities
- identifying/utilizing latest health tech innovations to address health care disparities

Objectives:

1. Formulate psychopharmacologic and integrative treatment approaches to HIV + patients with comorbid Pain, Substance Use and neuropsychiatric disorders
2. Develop awareness of key pharmacodynamic and pharmacokinetic factors that impact psychiatric medication management in patients on concomitant anti-retrovirals
3. Help guide development of telehealth and digital psychiatry approaches to extend access and response to HIV psychiatric care
4. Build leadership skills as part of a multi-disciplinary team operating within a collaborative care model

Location: Emory Midtown Hospital 7th Floor MOT building

Support: Emory Stipends

Elective: Medical Toxicology

Years Offered: PGY-2 and/or PGY-4

Faculty: Brent Morgan, MD and Melissa Halliday Gittinger, DO

Contact: melissa.l.gittinger@emory.edu

Goals/Objectives:

- Perform a directed, appropriate history and physical examination of poisoned patients during bedside consults and telephone follow-ups.
- Formulate a differential diagnosis of potential toxicologic etiologies of common undifferentiated complaints (e.g., altered mental status, new-onset renal failure, metabolic acidosis).
- Predict and recognize the clinical and laboratory manifestations of common toxidromes and specific toxins when evaluating patients at the bedside, and implement appropriate management strategies (stabilization, decontamination, enhanced elimination, and antidote selection).
- Appropriately utilize the toxicology laboratory.
- Apply basic science (pharmacology, pharmacokinetics, toxicokinetics) to the management of poisoned patients.
- Describe the rationale behind various methods of decontamination, enhanced elimination, and antidote utilization.
- Interact proficiently with health care providers who are consulting the regional poison center, by performing timely follow-up, answering questions effectively, and providing accurate recommendations.

Rotation Details:

Before the rotation:

Dr. Steck will add you to the ToxRound listserv prior to your rotation. If you do not receive an e-mail from toxround@listserv.cc.emory.edu within 1 – 2 days of your start date, please notify Dr. Steck at asteck@emory.edu.

First day:

Check your e-mail! The fellows will send out the daily schedule and plan, which will instruct you either to meet for rounds or meet at the Georgia Poison Center (GPC). Our general rotation hours are Monday through Friday, 8:30am – 4:30pm.

Upon arrival to GPC, please report to Ms. Vanessa Walker (vwalk04@emory.edu, office #404-616-4403). Ms. Walker will provide you with the monthly lecture schedule, poison center call schedule, and the tox fellows/faculty contact list.

Address: Georgia Poison Center, 50 Hurt Plaza, 6th floor, Suite 600
Phone: (404) 616-9000
Parking: Grady Staff Parking Garage (Piedmont Garage)

Core Topics

Rotator-specific lectures and case studies will cover the following core topics:

- Common toxidromes (opioid, sedative-hypnotic, anticholinergic, etc.)
- Salicylates
- Acetaminophen
- Toxic alcohols
- Tricyclic antidepressants and other sodium-channel blockers

- Cardiac toxins (calcium channel blockers, beta-blockers, digoxin)
- Snake bites
- Toxin-induced hyperthermic syndromes (NMS, serotonic syndrome, malignant hyperthermia)

Rotation Responsibilities and Expectations:

- Be punctual and prepared for daily rounds, lectures, clinic, and journal clubs.
- Perform Poison Center follow-ups on 3 – 5 cases per day.
- Pre-round on bedside consults, write consult notes (in conjunction with a toxicology fellow), and communicate recommendations to the primary team, as applicable.
- Prepare and present a 15-minute, end-of-rotation presentation on a toxicology topic of your choice.
- Complete the online module, “Taking an Exposure History” (see information below).
- Rotators may also be assigned additional responsibilities, including presenting a case during case conference or reviewing an article for journal club.

Required Asynchronous Learning

The American College of Medical Toxicology (ACMT) and the Agency for Toxic Substances and Disease Registry (ATSDR) have developed a series of online modules to improve education in the field of environmental toxicology.

Please complete the module on “Taking an Exposure History” as part of your clerkship requirements (approximately 1 hour). The module can be accessed at: www.pehsu.net

Click on “Education and Resources” (green navigation bar at the top of the screen).

Select “PEHSU National Classroom.”

Click the “Registration/Access” icon and follow the prompts to register.

When you have completed this module, please print the certificate of completion and submit to Dr. Steck.

Evaluations

The clerkship director, toxicology faculty members with whom you worked, and toxicology fellows all contribute to your final evaluation. You will also have the opportunity to evaluate the rotation, fellows, and faculty.

Elective: Mood and Anxiety Disorders Program: Clinical Trials

Years Offered: PGY-4

Faculty: Boadie W. Dunlop, MD

Contact: 404-727-8969; PIC 10813

Summary: Residents opting to do an elective with the Mood and Anxiety Disorders Program (MAP) will be trained in the structure, conduct and skills used in the conduct of clinical trials of medications and psychotherapy for the treatment of major depression and anxiety disorders, including industry-sponsored phase II, III and IV clinical trials. The resident will learn how to conduct and interpret the Hamilton Depression Rating Scale (HAMD); Hamilton Anxiety Rating Scale (HAMA); Montgomery Asberg Depression Rating Scale (MADRS) and the Structured Interview for DSM-IV (SCID). Through participation in this elective, residents will learn how to better interpret the literature on clinical trials, and what the findings from clinical trials mean in terms of clinical practice.

Maximum: 2 residents

Time: 15-20 hours/week. Must be combined with other elective.

Objectives:

1. Understand how the “evidence” of evidenced-based medicine is derived. This knowledge will help the resident read the literature on clinical treatment studies with greater understanding and critical assessment abilities.
2. Acquire facility with psychiatric research instruments used to diagnose disorders (e.g. SCID, MINI) and measure illness severity and improvement (HAMD, MADRS, QIDS, HAMA, etc.). Excellent preparation for Board certification exams.
3. Gain greater understanding of the current theories of the pathophysiology of major depression and anxiety disorders, and the biology of treatment response.

Activities/Duties:

1. Evaluating newly-presenting patients who are presenting for consideration for participation in a clinical trial.
2. Performing assessments of illness severity in enrolled patients at weekly visits. This will involve becoming a certified rater for certain studies, which may involve expenses-paid travel to attend clinical trial initiation meetings.
3. Discussing research findings of the MAP program and important findings from the psychiatric literature with the program director. If the resident desires, work towards a publication in a psychiatric journal will be supported and mentored.

Location: Executive Park 12

Support: Emory Stipends

Elective:	Obsessive Compulsive Disorder Program
Years Offered:	PGY-2 and PGY-4
Faculty:	Andrea Crowell, MD, Lauren Schmidt, MD, Jordan Cattie, PhD, Kallio Hunnicutt-Ferguson, PhD, Carly Yasinski, PhD, Andrew Sherrill, PhD
Contact:	andrea.crowell@emory.edu
Summary:	Residents will be involved in the initial psychiatric evaluation of patients presenting to the OCD Intensive Outpatient Program, and will participate in weekly team conference with psychiatrists and psychotherapists discussing all IOP cases. Residents will learn how to assess patient suitability for various psychopharmacology and psychotherapy treatment approaches. Depending on resident interest and time commitment, there are opportunities for learning and participating in individual and group therapies for OCD and severe anxiety disorders, including CBT, ERP, and ACT approaches and techniques, as well as the possibility of longitudinal treatment and follow-up of patients seen for initial evaluation.
Maximum:	2 residents
Time:	Flexible – Generally 3-4 half days per week for PGY-2 and a minimum of one half day per week for PGY-4
Objectives:	<ol style="list-style-type: none"> 1. Learn and demonstrate an appropriate evaluation and clinical work-up of OCD and related severe anxiety disorders. 2. Know the evidence-based medication treatment strategies and rationale for OCD and severe anxiety disorders. 3. Understand the principles of behavioral treatment for OCD and severe anxiety disorders. 4. Learn and demonstrate good interprofessional skills and how to develop good collaborative relationships with mental health providers with different training backgrounds.
Location:	Emory Brain Health Center, 3 rd floor
Support:	Emory Stipends

Elective: **Outpatient Perinatal Psychiatry and Psychotherapy**

Years Offered: PGY-4

Faculty: Toby Goldsmith, MD

Training Sites

- Emory Women’s Mental Health Program Clinic (Executive Park, Building 12 Resident clinics are currently available Tuesday and Thursday afternoons from 1-5 pm

Learning Objectives

- Identify common presentations of psychiatric illness in pregnancy and the postpartum and the risks posed by these illnesses
- Further develop a phenomenological approach to understanding women’s experiences of pregnancy and early motherhood, both among women struggling with moderate-severe psychiatric illness and those undergoing a more typical transition
- Skillfully use time-limited and open-ended psychotherapy as a treatment for peripartum psychiatric illness
- Develop confidence in seeing patients in a more time limited sessions similar to what may occur in one’s practice after leaving residency.
- Acquire a comprehensive knowledge of reproductive safety profiles for psychotropic medications and apply this knowledge to decision-making in common perinatal encounters: a) preconception planning; b) early pregnancy following unplanned conception; c) mid- to late-pregnancy in anticipation of delivery; d) postpartum
- Integrate knowledge of psychopharmacologic, psychotherapeutic, and psychosocial interventions to develop a treatment plan that accounts for safety considerations and patient preference and balances the well-being of mother and baby

Training Experience

- *Mentored Clinical Service*
 - A clinic will be established for you within the WMHP Clinic. Patients assigned to your clinic are your patients, and you manage their care (with supervision) for an entire year. Your clinic will be structured in 4-5 hour half-day blocks. You are required to participate in at least ONE half-day block for the entirety of the year. The full year is required to ensure sufficient longitudinal follow-up enabling you to manage patients across an entire pregnancy.
 - All patients will be women. The majority of patients will present with a psychiatric concern related to r conception planning, a current pregnancy, or postpartum symptoms (within 6 months of delivery). In addition, women with other concerns may be seen including issues of menopause, premenstrual dysphoria, gynecologic cancers may be seen.
 - *New Patient Visits* – Two hours are allotted for each new patient visit. At these visits, you will: 1) review the patient’s intake information with a WMHP attending to identify pertinent issues to explore during your interview; 2) conduct a psychiatric diagnostic interview including aspects unique to the context of perinatal care, 3) discuss your evaluation and treatment plan with a WMHP attending; and 4) meet with the patient and attending to finalize your treatment plan.

- Follow-Up Visits – 30-45 minutes are allotted for each returning patient visit. At these visits, you will: 1) evaluate the patient, 2) discuss your evaluation and treatment plan with a WMHP attending; and 3) meet with the patient and attending to finalize your treatment plan.
- Psychotherapy Cases – As part of your clinical service, you may treat at least one patient in ongoing psychodynamic psychotherapy (weekly or bi-weekly) and two patients in a time-limited modality (e.g. dynamic interpersonal psychotherapy).
- Guided Readings - Each week, you will be assigned 2-3 weekly readings within a range of topic areas relevant to perinatal psychiatry and psychotherapy.
- Journal Club will occur monthly and each resident is expected to choose an article for discussion.

Didactics and Areas of Focus

- Psychopharmacology in pregnancy and breastfeeding
- Psychiatric illness in the peripartum
- Attachment
- Infertility
- Psychodynamic approach to psychopharmacology
- Phenomenology and psychiatric illness
- Time-limited psychotherapies
- Psychology of pregnancy and motherhood
- Perinatal loss and abortion
- The female body and pregnancy

Time commitment: Flexible

Location: Executive Park 12

Support: Emory Stipends

Elective: Palliative Medicine

Years Offered: PGY-2, PGY-4

Faculty: Ashima Lal, MD

Contact: ashima.lal@emory.edu

Summary: Psychiatry residents at Emory University School of Medicine have the opportunity to participate in a Palliative Medicine rotation at Grady Memorial Hospital. During the rotation the resident will spend time in a variety of settings including inpatient consultation, inpatient hospice and outpatient palliative clinic. Residents will also take part in an interdisciplinary team including pharmacists, nurse practitioners, nurses, chaplains and medical social workers.

Maximum: 1 resident

Time commitment: Didactics/journal club – Tuesday mornings at Wesley Woods with journal club on the 3rd Tuesday of the month
Ethics Committee meetings (optional)

Goals: To gain knowledge and experience in providing primary palliative care with the goal that the skills learnt will be incorporated into the residents clinical practice.

Objectives:

1) *Patient Care*

- a. Perform a detailed history and physical incorporating domains of palliative care such as Karnofsky's Performance Scale, ECOG if applicable, FICA and social assessment.
- b. Appropriately identify and manage physical symptoms, psychological issues, social stressors and spiritual aspects of the patient and family.
- c. Understand the importance of determining and communicating prognostic information.
- d. Decide if a diagnostic test or procedure will change course of management while providing patient and family with education
- e. Recognize signs and symptoms of impending death while providing an appropriate assessment and plan for dying patients and their family including bereavement.
- f. Improve quality of life for patients and families while maximizing patient's level of function

2) *Medical Knowledge*

- a. Review the history of hospice and palliative medicine
- b. Describe the etiology, pathophysiology, diagnosis and management (pharmacologic and non-pharm) of common non-pain symptoms in palliative care practice including but not limited to
 - i. Depression/anxiety
 - ii. Delirium
 - iii. Seizures
 - iv. Nausea/vomiting
 - v. Dyspnea
 - vi. Constipation
 - vii. Failure to thrive/anorexia
 - viii. Oncologic emergencies
 - ix. Grief
 - x. Syndrome of imminent death

- c. List the types of pain and use non-opioid analgesics, adjuvant analgesic, opioid analgesics and other pharmacologic or nonpharmacologic approaches to pain management while understanding the neuroanatomy and physiology of different pain mechanisms.
 - d. Review prognostication in common life-threatening illnesses
- 3) *Practice-Based Learning*
- a. Use evidence based medicine to supplement knowledge and practices
 - b. Acknowledge opportunities for research in hospice and palliative care
 - c. Demonstrate self-care
 - d. Complete evaluations
- 4) *Interpersonal and Communication Skills*
- a. Facilitate discussions about advance directives and goals of care
 - b. Demonstrate compassionate care that pays attention to age/developmental stage, gender, sexual orientation, religion/spirituality, disability and culture.
 - c. Participate in and lead family meetings
 - d. Identify language barriers and involve medical interpreters when appropriate
 - e. Maintain comprehensive and timely medical records to assist in maintaining effective relationships with referring physicians, consultants and health care providers
 - f. Recognize and respond to your own emotions while maintaining self care
- 5) *Professionalism*
- a. Commit to excellence while working well with an interdisciplinary team
 - b. Demonstrate consult etiquette
 - c. Show integrity, respect and compassion for patients and health care providers
- 6) *Systems-Based Practice*
- a. Review hospice eligibility
 - b. Learn the terms of Hospice/Medicare benefit
 - c. Collaborate with all elements of the palliative care spectrum – hospitals, palliative care units and clinics, nursing homes/home and inpatient hospice

Location: Grady – Main campus

Support: Grady Stipends

Elective: Park Place Primary Care

Years Offered: PGY-3, PGY-4

Faculty: Martha Ward, MD

Contact: mcraig@emory.edu

Summary: This elective allows Senior Psychiatry Residents the opportunity to rotate through a collaborative/integrated care clinic located at the Outpatient Psychiatry Clinic at Grady. The resident will spend a half day working with Dr. Martha Ward, treating patients attending the collaborative primary care clinic. Both medical and psychiatric needs of the patients will be addressed, though the emphasis will be placed on wellness, medical care, and motivating patients to live healthy and meaningful lives. This elective is offered Monday and Thursday mornings.

Objectives:

1. Understand the increased metabolic and cardiovascular risk in those with severe mental illness.
2. Improve medical history and physical exam skills.
3. Learn to structure office visits, addressing a maximum of 3 problems on any one visit.
4. Become comfortable with treatment of common medical problems, including hypertension, hyperlipidemia, obesity, osteoarthritis, and diabetes.
5. Learn techniques for brief in-office counseling on healthy living, including diet and exercise.
6. Develop skills in cognitive behavioral therapy for medical problems such as obesity and chronic pain.
7. Create an individual project that will be completed over the 6 months in clinic, and can be developed according to the interests of the resident.

Elective: Pathway to Independent Practice

Years Offered: PGY-4

Faculty: Toby Goldsmith, MD and Andrea Crowell, MD

Contact: andrea.crowell@emory.edu

Summary: Many Emory residents will choose to enter individual or group private practice after graduation. This elective offers an opportunity to work in a setting most like a private practice and to learn how to manage it.

Clinicians in General Psychiatry Practice see a combination of outpatients receiving medication management only, therapy only, and integrated treatment. Residents will develop a new panel of patients in concert with the attending. They will participate in triaging these patients – selecting which ones to treat and which to refer out to community psychiatrists. They will identify an appropriate treatment plan for each, including emergency hospitalization when necessary. Faculty will provide direct supervision of each patient, while facilitating growing autonomy for the resident as they approach graduation. Residents will also receive an hour of supervision each half-day. Beyond topics related to medication and clinic management, supervision topics will include 1) Understanding different practice settings and services (independent practice, group practice, pros/cons of accepting insurance) from community providers who practice in such environments; 2) Managing CME and board certification requirements; 3) How to incorporate teaching and connection to trainees when no longer working primarily in academia; 4) Professional supervision/consultation after graduation; 5) Arranging for coverage for your patients when you are unavailable

Maximum 2 residents

Time commitment: In general, 1 to 2 half-days/week for one year, although this can be negotiated.

Objectives:

1. Learn how to triage your practice – that is, how to select the most appropriate patients for the services you can provide, recognize potentially emergent and/or difficult patients and, maintain a balance that avoids clinical burn-out.
 2. Learn how to manage billing and insurance issues for your practice and understand the productivity standards established in academic psychiatry and private practices.
 3. Understand the importance of professional support networks and ongoing supervision/consultation after graduation, including peer supervision groups
 4. Practice sharing joint treatment of patients with psychotherapists in the community (or prescribers, if you are the therapist).

Location: Executive Park 12

Support: Emory Stipends

Elective: PSTAR (Persistent Symptoms: Treatment Assessment and Recovery)

Years Offered: PGY-2, PGY-3 (residents based at Grady), and PGY-4

Faculty: Robert Cotes, MD; David Goldsmith, MD; Sarah Debrey, MD, MHS

Contact: 304- 444-9122

Summary: Clozapine is the only antipsychotic medication that is indicated by the Food and Drug Administration for treatment resistant schizophrenia (TRS). Although clozapine may cause considerable improvement for some individuals with TRS, as many as 40-70% fail to respond (or are only partially responsive) to treatment. The mission of the PSTAR Clinic at 10 Park Place is to 1) enhance patient and community access to clozapine, 2) systematically characterize treatment resistant symptoms using validated assessment tools, 3) provide evidence-based patient care using findings from the psychiatric literature, and 4) to investigate promising pharmacologic and psychosocial treatments for individuals experiencing persistent symptoms of schizophrenia. Clinic is held Tuesday morning and afternoon, Wednesday afternoon, and Thursday morning and afternoon. Residents also have the opportunity of participating in ongoing clinical trials looking at clozapine augmentation, if interested.

Maximum: 2 residents

Time commitment: PGY2: Either the “short” or “long” elective; PGY-3: 1 half day per week for those residents based at Grady; PGY4: Negotiable based on one’s clinical and research interests

Objectives:

4. To develop clinical proficiency in the outpatient use of clozapine. Residents will acquire an understanding the logistical steps needed to initiate and continue clozapine, how to educate patients appropriately about the risks and benefits of clozapine, and how to manage commonly encountered side effects of clozapine.
5. To conduct a comprehensive evaluation for an individual with persistent symptoms of psychosis and make recommendations as a consultant for other psychiatrists in the community.
6. To acquire knowledge about the literature on clozapine and treatment resistant schizophrenia.

Location: 10 Park Place

Support: Grady Stipends

Elective: Senior Resident Psychopharmacology

Years Offered: PGY-4

Faculty: Jeffrey Rakofsky, MD

Contact: jrakofs@emory.edu

Summary: Fourth year residents will have the opportunity to extend their training and experience in psychopharmacology by participation in a Senior Resident Psychopharmacology elective. This elective can be taken for any number of hours during the fourth year. The elective will be directed by Jeff Rakofsky, MD who will also provide weekly group supervision for residents participating in this elective. Additionally, residents will be encouraged to choose another psychopharmacology attending to provide one-on-one supervision for their caseload (a list of potential providers will be provided).

Maximum: No limit

Time commitment: Flexible

Objectives: Can be individualized

Location: Executive Park 12

Support: Emory Stipends

Elective: Schizophrenia Research at VAMC

Years Offered: PGY-2 and/or PGY-4

Faculty: Erica Duncan, MD

Contact: 404-321-6111, ext. 7532

Summary: Ongoing projects in the Duncan lab afford several opportunities for residents to participate in human subjects research. The residents can work closely with Dr. Duncan to develop an individualized plan for research in accord with their interests and skills. They will interact with postdoctoral fellows, junior faculty, and experienced research staff in the lab as well as working closely with Dr. Duncan. Below are brief descriptions of the areas of ongoing research that are available for resident participation.

1. *Toxoplasma gondii* and schizophrenia

In a large VA funded project we are studying the immune perturbations that may underlie the well-replicated finding of increased odds of schizophrenia in people who are chronically infected with the ubiquitous parasite, *Toxoplasma gondii*.

T. gondii is neuroinvasive, and the majority of people infected are expected to harbor *T. gondii* cysts in their brains for life. *T. gondii* is kept in check by an ongoing immune response in which the cytokine interferon gamma (IFN γ) plays a critical role. IFN γ prevents *T. gondii* replication by depletion of the amino acid tryptophan (Trp) that *T. gondii* must derive from the host. IFN γ achieves local Trp depletion by shunting Trp degradation along the kynurenine (KYN) pathway through an enzyme-controlled series of steps into KYN and kynurenic acid (KYNA). KYNA in turn is an antagonist at two neurotransmitter receptors that are believed to play a key role in SCZ: the N-methyl-D-aspartate (NMDA) subtype of glutamate receptor and the $\alpha 7$ nicotinic acetylcholine ($\alpha 7$ nACh) receptor. Thus there is a plausible mechanism by which TOXO could cause neurochemical abnormalities leading to SCZ, but the preferential activation of the KYN pathway has not yet been demonstrated in SCZ patients with known *T. gondii* infection. Furthermore, a growing literature indicates that there are elevated levels of KYNA in the brains of SCZ patients, although the *T. gondii* status of these patients has not been investigated. TOXO evolved to induce subtle behavioral dysfunction causing infected rodents to have reduced fear of cats and psychomotor slowing. In SCZ patients who are *T. gondii* positive our pilot data indicate slowing of neural processing as indexed by prolongation of latency of the acoustic startle response, and impairment on cognitive testing.

This project will investigate the hypothesis that chronic *T. gondii* infection in SCZ leads to immune mediated activation of the KYN pathway, and that this pathway activation is associated with slowing of neural processing and cognitive deficits seen in *T. gondii* positive SCZ. We will assess SCZ patients and healthy controls in our VA cohort for *T. gondii* immunoglobulin G antibody (IgG) antibody titers and plasma levels of KYN metabolites and IFN γ . We will examine the relationship of these neuroimmune biomarkers and acoustic startle responses, P50 gating, and cognitive function test scores by comparing four groups of 38 subjects per group): 1) *T. gondii* -positive SCZ, 2) *T. gondii* -negative SCZ, 3) *T. gondii* -positive controls, 4) *T. gondii* -negative controls.

2. Aerobic exercise for cognition in schizophrenia

There is a large literature indicating that cognition in SCZ has the potential to be enhanced by behavioral interventions. Aerobic exercise (AE) is known to confer many physical health

benefits. AE is associated with cognitive gains in healthy aging subjects, and these gains correlate with hippocampal volume increases, that in turn correlate with increased BDNF and cardiovascular fitness. AE in rats increases BDNF mRNA, and this occurs prominently in the hippocampus. Taken together, these preclinical and clinical studies are consistent with the hypothesis that AE, via increases in fitness, induce BDNF increases that lead to brain changes, particularly (but not necessarily limited to) the hippocampus that subserve cognitive gains with AE. There are parallels between the reduced hippocampal volume in SCZ and the hippocampal volume loss seen with normal aging. It is possible that a similar mechanism may underlie potential cognitive gains with AE in SCZ.

AE is a potentially important means to improve cognition in SCZ, but work on cognitive effects of AE in SCZ is surprisingly sparse. Our VA-funded study will be a randomized rater blind parallel group clinical trial to compare twelve weeks of AE training with a control condition (CONT) consisting of stretching exercises in 40 participants aged 18-70 with SCZ or schizoaffective disorder.

3. Metabolic effects of antipsychotics

A final area of investigation is the metabolic risk associated with atypical antipsychotics. Retrospective studies in this area utilize the computerized clinical database of the VA system in the Southeast (VISN 7). Techniques have been developed to perform retrospective computerized studies using this very rich and detailed database resource. A wide range of additional clinical questions can be addressed using this VA database.

- Maximum:** 1 resident
- Time commitment:** For PGY-2, up to 8 half days/week. For PGY-4, up to 6 half-days per week.
- Objectives:** Can be individualized
- Location:** VA
- Support:** VA Stipends

Elective: Sleep Medicine
Years Offered PGY-2 or PGY-4
Faculty: Lynn Marie Trotti, MD

Contact: lbecke2@emory.edu

Maximum: 1 resident

Objectives:

1. To perform comprehensive evaluations of sleep patients (insomnia, hypersomnia, etc), generate a differential diagnosis, and order appropriate testing
2. To develop management plans for patients with common sleep disorders (sleep apnea, restless legs syndrome, narcolepsy, psychophysiological insomnia)
3. To understand the appropriate use of CPAP and how an effective CPAP pressure is selected
4. To identify stages of sleep, respiratory events (central apnea, obstructive apnea, hypopnea), and periodic limb movements on PSG
5. To be aware of technical issues of performing CPAP titration and MSLT studies

Requirements:

1. Observe one CPAP night
 - a. Hookup, mask fit, CPAP troubleshooting
2. Observe one full nap during an MSLT
 - a. Watch EEG in real time with tech
3. If rotating during spring semester, attend freshman seminar in sleep (when feasible with schedule)
4. Attendance at own specialty grand rounds

Location: Executive Park 12

Support: Emory Stipends

Elective: Social Medicine (Urban Health Initiative)

Years Offered: PGY-2 or PGY-4

Faculty: Jada Bussey-Jones, MD and Maura George, MD

Contact: jcbusse@emory.edu; maura.george@emory.edu

Maximum: 1 resident

Objectives: Trainees will

1. Trainees will explore their own biases in a non-threatening environment and recognize ways bias may affect the care patients receive. They will learn methods to reduce disparities in medicine.
2. Trainees will deepen their understanding of the powerful social factors that affect patients' health and how to mitigate these social factors on an individual level and through larger roles as advocates in society.
3. Trainees will gain an understanding of the basics of healthcare finance, various insurance options, and the effects of inequality on patients across the socioeconomic spectrum.

Location: Grady / Community

Summary: ** 4 week block rotation) with 3 main components

SCHOLARSHIP

Didactics: Will consist of lectures, discussions, and readings relevant to current topic area.

Scholarly Project/ activity: Work shall culminate in a scholarly activity such as an oral presentation, research abstract/poster, or potentially original research article worthy of submission to a relevant scientific/clinical meeting or peer-reviewed publication.

EXPERIENCES:

- a. *Observational:* Core experiences consisting largely of field trips to community partners as appropriate for a given module (e.g., tours of homeless shelter, tour of prison medical facility, legislative visits).
- b. *Direct Service:* Participants will be expected to participate in individual and/or group public service project(s) such as assisting the Clarkston refugee population or providing medical care to patients who cannot leave their home.
- c. *Clinical experiences:* Residents will be expected to continue their continuity clinics during this time except when participation in an educational or service activity of high impact requires this absence. These experiences will also include provision of medical services at one of the community partner sites.

REFLECTION AND EVALUATION

- a. Pre and Posttest (validated instrument)
- b. Control group (other residents or students on another elective)
- c. Small group discussions with faculty and/or community partner facilitator
- d. Journaling, photo journaling
- e. Learner and/or community partner feedback

Table 1: Weekly course schedule

Day	Activity
Day 1	<ul style="list-style-type: none">• ½ day “classroom”<ul style="list-style-type: none">– Core curriculum lectures– Reflection on experiences– Journaling• ½ day project planning/ implementation
Day 2	<ul style="list-style-type: none">• 1 day community clinical work<ul style="list-style-type: none">- Community partner/ free clinic site
Day 3	<ul style="list-style-type: none">• 1 day experiential learning
Day 4,5	<ul style="list-style-type: none">• 2 days of program required clinical work<ul style="list-style-type: none">– Patient Home Visits– Continuity clinic Grady Hospital– Facilitate Educational Group Visit Session Grady Hospital

Elective: Time-Limited Dynamic Psychotherapy

Years Offered: PGY-4

Faculty: Eugene Farber, PhD, ABPP

Contact Number: efarber@emory.edu; 404- 616-6862

Summary: The Time-Limited Dynamic Psychotherapy (TLDP) elective offers PGY-4 residents the opportunity to gain experience with an evidence-based dynamically oriented brief psychotherapy approach. TLDP is grounded in contemporary interpersonal and relational psychodynamic theory, though schema concepts from cognitive psychology also are readily integrated into the approach. The elective experience includes following a single training case for weekly psychotherapy using the TLDP method and participating in a 90-minute weekly didactic training seminar and supervision group. The focus of the didactic/supervision group is on learning TLDP theory, research, principles, and methods for case formulation and intervention.

Maximum: 2 residents

Time commitment: 2 1/2 hours per week (includes 1 hour of clinical time and 90 minutes for didactic/supervision group)

Objectives:

1. Residents will advance their skills in use of evidence-based brief psychotherapy methods.
2. Residents will enhance their proficiency in developing theoretically anchored psychotherapy case formulations and goals.
3. Residents will learn specific methods for using the psychotherapy relationship to facilitate the change process within a time-limited framework.

Location: Outpatient Psychotherapy Training Program (clinical) and Grady Ponce de Leon Center (didactic/supervision seminar)

Support: Emory/Grady resident Stipends

Elective: Trauma Recovery Program

Years Offered: PGY-2, PGY-3, and/or PGY-4

Faculty: Edward Vega PhD, Lauren Ramshur MD, Laura Kurlyandchik, MD, Emily Collins, MD

Summary: Residents will participate in the outpatient Trauma Recovery Program (TRP) at the Atlanta VA Medical Center. This clinic provides comprehensive initial evaluation and treatment of patients with Post Traumatic Stress Disorder (PTSD). The TRP treats Veterans of all combat eras as well as those who have experienced non-combat related trauma including sexual assault while on active duty.

The resident will spend 1-4 half-days per week working within the TRP. They will perform intake evaluations on veterans referred to the program, will participate in team meetings to create individualized treatment plans, will provide specialized psychopharmacologic management for patients with PTSD, will learn more about both individual and group psychotherapy for the treatment of PTSD.

The resident will meet with Dr. Ramshur, Dr. Vega, Dr. Collins, or Dr. Kurlyandchik as well as other team clinical staff weekly for supervision.

Maximum: 2 residents

Time commitment: For PGY2, up to 4 half days/week for six weeks. For PGY3/4, up to 2 half days per week for 3-12 months.

Objectives:

1. The resident will develop skills in evaluating and treating patients with PTSD.
2. The resident will learn specifics of pharmacologic treatment for PTSD.
3. The resident will learn about specific psychotherapeutic modalities (exposure based psychotherapy, cognitive processing therapy, etc.) in both individual and group settings.

Location: Henderson Mill VA Clinic or other locations as determined by the program

Support: VA Stipends

Elective: Treatment Resistant Depression

Years Offered: PGY-2 and PGY-4

Faculty: William McDonald, MD, Patricio Riva-Posse, MD, Adriana Hermida, MD, Andrea Crowell, MD, Rachel Hershenberg, PhD

Contact: privapo@emory.edu

Summary: Treatment resistant depression, or being resistant to at least two adequate antidepressant trials, occurs in about 30% of patients with depression and is a significant portion of many outpatient clinical practices and an important target for NIMH research. The Treatment Resistant Depression Clinic evaluates approximately 6 new patients a week and provides follow up care in the Neuromodulation Clinic with advanced somatic treatments including ECT, ketamine infusion therapy and TMS. The evaluations are comprehensive and involve assessments by an attending psychiatrist, psychologist, social worker and targeted laboratory and neuropsychological testing as well as neuroimaging.

Residents will be involved in the initial evaluation of patients including presenting the patients at the treatment case conferences. Residents will also learn how to assess patient suitability for advanced psychotherapy and somatic treatments. The residents will have an opportunity to follow patients treated at Emory. They will also actively participate in the Neuromodulation Clinic and get close supervision in the correct administration of advanced neuromodulation techniques.

Depending on their time commitment to the program, residents will also have the opportunity to learn about research projects in the Department (e.g., immunotherapy and deep brain stimulation) and will also have opportunities to participate in ongoing research projects and collaborate with the faculty in academic papers.

Maximum: 2 residents

Time Commitment: For the PGY-2 elective: 8 half days a week.

PGY4's should commit to at least four, and preferably 6, half days a week. PGY4's will be expected to commit at least 6 months to the elective and encouraged to work in the TRD Clinic for the entire year. The time commitment of at least six months is important in order to provide the resident with a longitudinal experience in the care of a subgroup of the patients. Consideration to combining the TRD elective with either of the Emory based chief residencies (Emory inpatient and the OPTP) could facilitate the resident being an active part of the TRD Clinic. The minimum of four half days would also allow the resident to participate in two half days of evaluation clinic and the staffing conference, a half day of ECT and a half day of the ketamine clinic alternating with the TMS clinic. Two additional half days, or a total of six half days, would allow them to obtain more training in neuromodulation treatments and provide time for them to formulate and develop a research project.

Objectives: PGY 2's

1. The resident will be able to understand the definition of TRD in clinical practice.
2. The resident will be able to understand the appropriate work up of TRD patients including diagnostic issues and appropriate somatic treatment options including advanced psychotherapy and medication treatments

PGY 4's

1. The resident will be able to understand the components of a TRD evaluation including the appropriate options for patients who have failed multiple previous treatments.
2. The resident will participate in ECT, TMS and ketamine infusion treatments and understand the administration protocols, risks and benefits of each procedure.

Location: Emory Brain Health Center, 5th floor and Wesley Woods Neuromodulation Clinic

Support: Emory Stipends

Elective: Treatment Resistant Schizophrenia/ Clozaril Clinic

Years Offered: PGY-2, PGY-3 (residents based at Grady), PGY-4

Faculty: Robert Cotes, MD

Contact: 304-444-9122

Summary: Clozapine is the only antipsychotic medication that is indicated by the Food and Drug Administration for treatment resistant schizophrenia (TRS). Although clozapine may cause considerable improvement for some individuals with TRS, as many as 40-70% fail to respond (or are only partially responsive) to treatment. The mission of the Treatment Resistant Schizophrenia Clinic 10 Park Place is to 1) enhance patient and community access to clozapine, 2) systematically characterize treatment resistant symptoms using validated assessment tools, 3) provide evidence based patient care using findings from the psychiatric literature, and 4) to investigate promising pharmacologic and psychosocial treatments.

Maximum: 4 residents

Time commitment:

- PGY2, can be either half or full time 1 month elective
- PGY-3, 2 half days per week for those residents based at Grady
- PGY4, up to 4 half days per week. Negotiable based on one's research interest.

Goals:

1. Residents will develop clinical proficiency in the outpatient use of clozapine. Residents acquire an understanding the logistical steps needed to prescribe clozapine, how to educate patients appropriately about the risks and benefits of clozapine, and how to manage commonly encountered side effects of clozapine.
2. To conduct a comprehensive evaluation of persons with treatment resistant schizophrenia and make recommendations as a consultant for other psychiatrists in the community.
3. To acquire knowledge about the literature on clozapine and treatment resistant schizophrenia. There is a monthly journal club to support this goal.

Location: 10 Park Place

Support: Grady Stipends

Elective: Warrior Care Network

Years Offered: PGY-4

Faculty: Boadie Dunlop, MD

Contact: 404-727-8969; PIC 10813

Summary: The Warrior Care Network consists of centers of excellence in treating the invisible wounds of war: post-traumatic stress disorder, major depressive disorder, other anxiety disorders, and traumatic brain injury. Working within a team of psychologists, sleep specialists, neurologists and wellness experts, the psychiatric resident will be responsible for the pharmacological management of post-9/11 service members. Residents will receive supervision from Dr. Dunlop or other physicians experienced in treating veterans dealing with the psychiatric sequelae of combat or military service more generally.

Maximum: 2 residents

Time commitment: Two to four half-days/week for one year.

Objectives:

1. To understand and master the delivery of evidence-based psychopharmacological treatments for PTSD, major depression, and traumatic brain injured patients.
2. To experience working within an integrated neurology/psychiatry/psychology team approach to patient care.
3. To understand cutting edge forms of treatment for PTSD, including medication-enhanced psychotherapy.
4. To develop greater understanding of the neuropsychological sequelae of traumatic brain injury and approaches to management.

Location: Executive Park Building 12

Support: Emory Veterans Program funds

Elective: Women's Mental Health Program Perinatal Clinical Care - Grady

Years Offered: PGY-2 or PGY-4

Faculty: Stephanie Winn, MD

Contact: 404-616-0374

Summary: Training Sites

- Grady Psychiatric-Obstetrical Clinic (GMH Unit 2J) – The Grady Psych-OB Clinic operates on Tuesday and Thursday mornings from 9AM – Noon.

Learning Objectives

- To acquire a comprehensive knowledge of psychotropic reproductive safety profiles.
- To understand the risks associated with maternal mental illness.
- To apply this knowledge to decision-making in common perinatal encounters: a) preconception planning; b) early pregnancy following unplanned conception; c) mid- to late-pregnancy in anticipation of delivery; and d) postpartum.
- To be able to read the literature with a critical eye able to identify the strengths and weaknesses in reports of perinatal psychiatric research studies.

Training Experience - Grady Psychiatric-Obstetrical Clinic

- You will evaluate and treat patients who have been referred by Emory or Morehouse Obstetrics for psychiatric evaluation.
- All patients will be women who are pregnant or recently delivered. There are no preconception visits and limited postpartum follow-up.
- At each patient visit, you will: 1) evaluate the patient, 2) discuss your evaluation and treatment plan with a WMHP attending; and 3) meet with the patient and attending to agree upon a final treatment plan.

Training Schedule

- The minimum commitment is 1 half-day per week.

Time commitment: Flexible

Location: Grady Park Place

Support: Grady Stipends