Residency in Psychiatry
Staten Island University Hospital

Overview
The Department of Psychiatry and Behavioral Health Sciences at Staten Island University Hospital is the most active provider of comprehensive mental health services on Staten Island, a borough of New York City with a population of more than 480,000. The department has over 1,450 inpatient discharges per year and overall outpatient visits are over 23,000 per year. Staffed by an accredited team of psychiatrists, psychologists, social workers, nurses, activity therapists, working with primary care physicians and allied health professionals, residents have the opportunity to learn how to effectively administer psychopharmacology in a diverse community.
Psychiatry and behavioral health sciences

The Department of Psychiatry and Behavioral Health Sciences at Staten Island University Hospital (SIUH) is the most active provider of comprehensive mental health services on Staten Island, a borough of New York City with a population of more than 480,000. The department has over 1,450 inpatient discharges per year and overall outpatient visits are over 23,000 per year. Staffed by an accredited team of psychiatrists, psychologists, social workers, nurses, activity therapists, working with primary care physicians and allied health professionals, the Department offers sophisticated multi disciplinary care wherever and whenever it is needed:

- **Inpatient services – 4 programs with 111 total inpatient beds**
  - Two (2) adult acute psychiatric inpatient programs, one with a geriatric wing
  - Substance use inpatient detoxification program
  - Substance use disorders inpatient rehabilitation program
  - Also, an Adolescent Inpatient Treatment Program at NSLIJ-Zucker Hillside Hospital (training site)

- **Outpatient services – 12 programs**
  - Two (2) Adult outpatient mental health clinics (18 years and above)
  - Partial hospital program
  - 24 hour emergency service
  - Substance abuse outpatient treatment program
  - Harm reduction program
  - HIV primary care program
  - Four (4) OTP (Opioid Treatment Programs) in Staten Island & Brooklyn
  - Vocational education program
  - Integrated Care Programs
  - Integrated Addictions Services

Our patient population presents a wide range of cultural diversity.
- 20 percent of Staten Island’s residents are foreign-born; and
- 11 percent are not fluent in English (the hospital maintains a readily available live translation service for clinicians).
- 10 percent of Staten Island’s residents live below the federal poverty line, and the
- Unemployment rate stands at 9 percent.
- 68 percent White non-Hispanic
- 15 percent Hispanic
- 10 percent Black/African-American non-Hispanic
- 5 percent Asian-Pacific Islander non-Hispanic
- 34 percent of those identified as white are of Italian ancestry
- 14 percent of those identified as white are of Irish ancestry

The remainder include some who identify themselves as having German, Polish or other European ancestry, but also a significant and increasing number of immigrants, with extended families, from the Balkans, especially Albania, as well as the Middle East, in particular Egypt.
Our department has a dedicated residency program building located at SIUH’s south site. The building includes multiple resident offices, two state of the art conference rooms, and psychiatric resource library. This is in addition to the hospital’s Regina McGinn, M.D. Education Center at the North Site, which includes, several conference rooms, a medical library, simulation lab, classrooms, a 250 seat auditorium and comprehensive teleconferencing center.
Psychiatry Residency Program - First Year (R-1 Categorical)

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<tr>
<th>Year 1</th>
<th>3 months</th>
<th>1 month</th>
<th>1 month</th>
<th>2 month</th>
<th>4 month</th>
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<td></td>
<td>Internal Medicine</td>
<td>Neurology</td>
<td>Emergency Medicine</td>
<td>Consultation-Liaison Psychiatry</td>
<td>Inpatient Psychiatry</td>
<td>Pediatrics</td>
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This fully accredited program conforms to the requirements of the American Board of Psychiatry and Neurology for board certification in Psychiatry. The achievement of core competencies is stressed. Four residents are enrolled in the Categorical First Year, which includes three months of Internal Medicine, one month of Neurology, one month of Emergency Medicine, one month of Pediatric Medicine, two months of Consultation-Liaison Psychiatry, and four months of Adult Inpatient Psychiatry. All training in the first year takes place at SIUH.

R-1 residents in Psychiatry are assigned to one of our Adult Inpatient Treatment Teams where they receive intensive and continuously supervised clinical experience with patients hospitalized for psychiatric evaluation, treatment, and return to their communities and to their daily life.

Each resident is supervised directly by two members of the psychiatric faculty to whom she or he is assigned. During clinical rotations, the resident also comes into contact with other members of the treatment team, including fellow residents, psychiatric nurses, social workers, and other students. Psychiatric evaluations and treatment plans are carefully coordinated at daily clinical rounds and at team meetings.

In addition to this clinical training component, all R-1 residents receive approximately six hours per week of formal instruction, which includes a general orientation to psychiatry; conferences in which psychiatric interviewing and diagnostic skills will be both demonstrated by faculty, with an opportunity for residents to perform interviews and be constructively critiqued; consultation liaison psychiatry conferences; seminars on specific psychiatric subject areas including neuroscience, genomics, psychotherapy, and others; a seminar on the use of narrative in medical practice and in psychiatry in particular; and other educational activities.

The faculty will also be conducting Clinical Skills Verification exams during each rotation a resident completes in a psychiatry department service. Annually, a supervisor will conduct an extended CSV exam, incorporating elements of case formulation and treatment planning. On the basis of this comprehensive exam, the supervisor will complete an attestation form (attached, as provided by the American Board of Psychiatry and Neurology), in which the supervisor documents their direct observation of the resident and assesses the ability of the resident to independently examine and assess patients; make a case formulation; craft a cogent and appropriate treatment plan; demonstrate appropriate understanding of, and use of, psychotropic medications and other treatment modalities.

This attestation will be appropriate to the resident's level of training, and will document the resident's ability to assume more responsibility and a greater degree of independence in their following academic year.

Finally, in accordance with AGCME guidelines, R-2 and R-3 residents will be assessed, with regard to their competency to serve as supervisors, by faculty.

Training experiences of comparable quality are provided during Internal Medicine, Pediatrics, Emergency Medicine and Neurology rotations.
Psychiatry Residency Program - Second Year (R-2)

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<tr>
<th>Year 2</th>
<th>6 months</th>
<th>1 month</th>
<th>1 month</th>
<th>3 month</th>
<th>1 month</th>
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<td></td>
<td>Inpatient Adult Psychiatry</td>
<td>Neurology</td>
<td>Inpatient Adolescent Psychiatry (Zucker-Hillside)</td>
<td>Consultation-Liaison Psychiatry</td>
<td>Addictions and Recovery Services</td>
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The Inpatient Adolescent Psychiatry rotation will take place at Zucker-Hillside Hospital. All other rotations are at SIUH. Residents will have both a general psychiatry adult inpatient experience, as well as a rotation on an inpatient unit that treats geriatric patients. The Consultation-Liaison experience will deepen the resident’s exposure to and comfort with both Emergency Psychiatry and the practice of psychiatry with patients with co-morbid medical conditions. The Neurology Consultation/Clinic rotation will allow residents to fulfill the requirements for ABPN certification, and also expose them to a rich and constructive clinical experience.

Adolescent Psychiatry-Inpatient:
This is a required 4 week rotation on the Adolescent Pavilion during the R-2 year, and occurs at Zucker-Hillside Hospital.

Faculty consists of two full time child and adolescent psychiatrists, one full time psychologist, a 0.75 FTE psychologist, two full time social workers, two full time rehabilitation therapists in addition to the nursing staff and four mental health workers.

Two hours of supervision by child and adolescent psychiatrists are provided weekly. This is in addition to the bedside discussion and other didactic discussion and/or consultations. Case loads are carefully monitored and controlled to provide a diverse and enriching experience in child psychiatry. The residents are expected to participate in team meetings twice a week where patient status, treatment plan and disposition are discussed. This is in addition to the core lecture and didactics provided on an annual basis to the residents.

There are approximately 400 admissions to the Adolescent pavilion every year. The Adolescent Pavilion is a co-ed inpatient unit whose population is characterized by heterogeneity of age, race and diagnosis. The mean age is 15 with a range from 12-18. Race: 45% Caucasian; 40% African American; 5% Hispanic; 5% Asian; 5% Other. Diagnoses: 45% Affective Disorders, 30% Disruptive Disorders; 20% Psychotic Disorders; 5% Personality Disorders. Each patient is given a full psychiatric and medical assessment. Treatment provided on the unit includes: individual, group and family therapy, psychopharmacology and cognitive/behavioral treatment approaches. While rotating on the adolescent pavilion, the resident becomes an integral part of the treatment team, attending all clinical meetings.

The average case load for each resident consists of four patients at a given time. A case load of this size affords the resident the opportunity to work-up each patient comprehensively, from a medical and biopsychosocial perspective, as well as treat patients from a wide variety of diagnostic categories. In addition, the resident has time allotted to participate in the rich clinical and academic environment of the unit, including, five community meetings per week, daily morning reports, and didactic classes.

Each resident’s case load is carefully monitored and supervised by the assigned attending psychiatrist. Therefore, the resident’s level of responsibility increases as their knowledge base and clinical skills increase. The resident is in charge of both individual and family treatment for the patients in their case load. Also on this rotation, residents participate in the management of the medical and neurological conditions that their patients are afflicted with. This is done with the guidance of attending pediatricians.
and neurologists. This rotation is equivalent in its depth and scope to a general adult inpatient rotation with residents functioning in a manner identical to that of a general adult inpatient rotation. All residents have two hours of supervision provided by the attending psychiatrist. Additional supervision is provided on an individual basis. There is also one and a half hour per week of supervision for family meetings. This is supervised by the unit social workers.

Inpatient Psychiatry Rotation (R-1, R-2 and R-4):
This constitutes a required 4 month rotation in the R-1 year; two (2) required three month rotations in the R-2 year; and a 2-3 month part-time required rotation as team leader during the R-4 year (can be lengthened if elected).

There are a total of 5 full-time psychiatrists across three inpatient units: a 29-bed general adult psychiatry unit; and a 15-bed general adult psychiatry unit that is contiguous with a 21-bed geriatric psychiatry unit. There are additionally a total of 51 registered nurses, 27 non-degreed nursing staff, 8 social workers, and two Nurse Managers, who are registered nurses.

Residents will attend 8 hours weekly of scheduled seminars and lectures, and as well unit-specific case conferences weekly, and team rounds daily. Teaching will take place in all these venues, and attending psychiatry staff will additionally be available at all times for consultation and informal teaching opportunities.

The Inpatient rotations will occur on each of two acute inpatient psychiatry units having a mean length of stay of approximately 10 days. One unit includes an inpatient geriatric psychiatry unit as noted above, where the length of stay is slightly longer due to the complexity of aftercare planning.

There is a mixture (males and females) of patients ranging in age from 18 years old to 65 years old on the adult inpatient services; and adults over 65 on the geriatric psychiatry unit. The 29-bed adult unit provides care for predominantly young adult psychiatric patients with psychotic and major affective disorders, frequently complicated by comorbid substance abuse disorders. The unit has a high number of individuals retained by court order, and unit psychiatrists are frequently testifying in court, providing an opportunity for residents to be exposed to forensic psychiatric issues.

The second, 15-bed adult unit typically serves a slightly older population with major affective disorders. The geriatric psychiatry unit treats individuals with major affective disorders, as well as persons with comorbid psychiatric and cognitive disorders.

Patients at all sites are predominantly middle class, with commercial insurance covering approximately 40%, Medicare 35% and Medicaid 25%. The demographics, including ethnicities, reflect the heterogeneous nature of Staten Island's population.

Residents would have a typical case load of six patients and would be closely supervised by the attending psychiatrists as well as participating in the various unit therapeutic activities, including group therapies.

All residents will receive individual supervision twice weekly, including one on-unit and one off-unit supervisor, as well as weekly group supervision with the unit medical director.

The unit faculty includes psychiatrists with a breadth of clinical experience, as well as a board-certified geriatric psychiatry specialist. Supervising faculty will include psychiatrists and social workers with expertise in psychopharmacology, as well as cognitive behavioral therapy, psychodynamic psychotherapy and group therapy.
Addiction and Recovery Services Rotation (R-2, R-3 and R-4):
Residents will rotate through the Inpatient Detox, Inpatient Rehabilitation and Outpatient Rehabilitation programs during each of these years, with increasing outpatient exposure and independent practice responsibility commensurate with their training. Programs will also in the coming year include a new Outpatient Detox Program that is part of the New York State DSRIP initiative.
### Psychiatry Residency Program - Third Year (R-3) and Fourth Year (R-4)

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<tr>
<th>Year 3</th>
<th>12 Months Full time Outpatient Mental Health Clinic including Addictions Services (3/5)</th>
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<tr>
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<td>12 Months Full time Integrated Care (1/5)</td>
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<td></td>
<td>12 Month Full time Child &amp; Adolescent Outpatient (1/5)</td>
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<th>Year 4</th>
<th>Full time Outpatient Mental Health Clinic (4 x 0.5 days) = 2/5</th>
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<tr>
<td></td>
<td>Consultation-Liaison (2 x 0.5 Days) = 1/5</td>
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<td></td>
<td>Required Electives (Addiction/Child/Community MH/Team leader) = 1.5/5</td>
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<tr>
<td></td>
<td>FLEX Time (Research/Teaching/Career Development) 1 x 0.5 day = 0.5/5</td>
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**Adult Outpatient Psychiatry Rotation:**

All residents will be required to spend 60% of their time, for the full 12 months, in their R-3 year, and 40% of their time, for the full 12 months, in their R-4 year, in the Adult Outpatient Clinics. Faculty staffing includes the Outpatient Clinic Director, who is full-time; five additional full-time psychiatrists. Additionally, the Clinic Administrative Director, a licensed social worker, will participate in supervision of the residents. The clinic is further staffed by one full-time and one part-time Registered Nurse; 11 full-time and 4 part-time social workers.

Residents will spend 8 hours each week in educational programming, including the Research Seminar, Journal Club, seminars and lectures. In addition, faculty will be available, informally, for supervision at all times. As noted below, caseloads will be closely monitored and managed to allow for depth, breadth and variety of the resident’s clinical experience.

Residents will be assigned cases so that they will be exposed to our Specialty Clinics, including the Bipolar Disorders Clinic (supervised by the Chair, Dr. Joffe), and the DBT Program (where Dr. Sullivan provides administrative and clinical supervision). We are also developing our Integrated Care programs, as part of New York State’s DSRIP initiative, supervised by Dr. Michael Ketteringham, Director of Consultation-Liaison Psychiatry. And Dr. Marshal Kirane, Director of Addictions Services, has developed a novel experience for PGY-2 and PGY-3 residents in both Inpatient and Outpatient Addiction Treatments, including new programs that are also part of the DSRIP initiative.

The clinic population mirrors the Island's demographics, with 68% white, mostly middle class clients; 15% Hispanic and 10% Black/African American, together with an additional number of diverse populations including ethnic Balkan and Middle Eastern individuals, most of whom are Muslim. The clinic sees clients over the age of 18 and including a significant number of persons over the age of 65, comprising our new gero-psychiatry clinic.

Approximately 50% of the patients receive Medicare or Medicaid, and the remainder are covered by commercial insurance plans. In the North Site clinic the predominant diagnoses are Affective Disorders, including Bipolar Disorder, Major Depressive Illness and Anxiety Disorders; and a smaller number (approximately 20%) of individuals with serious mental illness.

Additionally, therefore, one day each week in the R-3 year will be spent at South Beach Psychiatric Center clinic, which is adjacent to our North Site campus. R-3 residents will spend their time there in the outpatient clinic where they will be assigned patients with Serious and Persistent Mental Illness, who will be seen throughout the academic year (and possibly through the R-4 year if elected) for both medication management and supportive psychotherapy.

Residents will be assigned caseloads, over the course of the rotation, of between 50 and 75 patients for whom they will have direct and ongoing responsibility, including patients they see at South Beach Psychiatric Center clinic. This will include patients seen for individual therapy, couples or family therapy,
medication management, and at least one group experience. Residents will be provided patients, with whom they will be able to employ a range of supervised treatments, including Cognitive Therapy, Behavioral Therapy for Mood and Anxiety Disorders, Insight-oriented psychotherapy, Group Therapy, Couples Therapy, Evaluation and Brief Treatment, and Medication Management of Chronic Mental Illness.

In addition, in order to ensure they see a range of patients for psychopharmacology practice, we will utilize the Fazzio Complexity Scale (as described in the ASCP Mode Psychopharmacology Curriculum 6th edition) in order to determine proper core assignments. In order to assure a varied clinical experience, residents will see patients in our General Psychiatric Clinic; Geriatric Psychiatry Clinic; Bipolar Disorders Clinic; Mood Disorders Clinic; Anxiety and Phobia Clinic; and our Urgent Care Center, which takes direct referrals from our Emergency Room, and provides Diagnostic Assessment, Treatment Planning and Referral, as well as Brief Treatment using a CBT model.

The Clinic at SIUH has recently undergone a clinical renovation, with the introduction of available briefer treatment models, where clinically appropriate, in addition to the provision of longer-term psychotherapies and long-term medication management of chronic mental illness. Staff members in the clinic have been trained in the fundamentals of Cognitive therapy, and Behavioral Activation, as well as Social Rhythm Therapy.

Select staff members have also been trained to provide DBT skills training in group therapies targeting individuals with a history of troubled, unstable relationships; behavioral (not seriously violent) impulsivity; and emotional dysregulation.

During their Outpatient Rotation, including their time spent at South Beach, residents will receive regular, individual supervision for at least 3 hours each week from Departmental Faculty, in addition to didactic and other educational activities. Caseloads will be monitored by the Residency Training Director as well as the Medical Director of the Outpatient Clinic. In addition, when performing intakes, residents will be directly supervised during the evaluation itself, and afterwards as they discuss, with the attending psychiatrist, the patient's presentation: the history, the findings on exam, and the case formulation, as well as reflections on the resident's conduct of the interview.

The full-time faculty are experienced in a range of treatment modalities, as noted above, including supportive psychotherapy, psychodynamic psychotherapy, psychoanalytic therapies, Cognitive Behavior Therapy, Dialectical Behavior Therapy, couples and family counseling, and group therapy.

**R-3 Year Child and Adolescent Training:**
R-3 residents receive training in child and adolescent psychiatry by following patients and their families over the course of one year. Residents learn to evaluate, diagnose and treat a wide range of psychiatric disorders in youths, and receive weekly supervision from child/adolescent psychiatry faculty.

Residents are highly supervised in their work during the R-3 year, and this case load is kept to a moderate number of patients with a wide range of psychopathology including a mix of Attention Deficit/Hyperactivity Disorder, Disruptive Behavior Disorders (e.g. Oppositional Defiant Disorder, Affective Disorders, pervasive Developmental Disorders and family therapy. The focus is on providing the resident with a broad based understanding of the childhood disorders and an experience in diagnosing and treating these disorders. A collaborative team based approach is emphasized with ample supervision and input from the supervisors.

The residents work under the direct supervision of the Director of Child Adolescent Psychiatry for one day per week through their R-3 year. This allows the resident to evaluate and manage patients
continuously for a year and develop their skills in psychotherapeutic techniques. A central aim is to help the resident learn to manage cases as a primary therapist with close supervision as needed in an outpatient clinical setting.

The faculty for the teaching and supervision on this rotation will be constituted by the Rotation Director at SIUH, as well as the faculty at the affiliate site, Staten Island Mental Health Society (SIMHS). Residents perform comprehensive intake evaluations and are monitored by the faculty with every intake being monitored by their immediate supervisor/rotation director. They also provide ongoing medication management and psychotherapy, which is supervised weekly.

The SIMHS is a private, not-for-profit agency that provides comprehensive mental health and related services to Staten Island children who are emotionally or behaviorally disturbed, developmentally or learning disabled, neurologically impaired, dependent on alcohol or drugs, and/or economically disadvantaged.

They employ 300 professional and support staff providing assistance to more than 5,000 individuals each year (over one-in-ten Staten Island families) at their 21 program sites throughout the borough that include Outpatient Child Clinics, Day treatment program, on site School Mental Health program, state certified outpatient chemical dependency treatment program and a MICA program for 12 - 18 year olds with a dual diagnosis. In addition to the above they also provide Early Childhood program (Head start) and have a dedicated Developmental disabilities clinic at their Pouch Center.

Residents will spend a majority of their time evaluating a cross section of the children and their families and providing continuing care for the families. The focus will remain on training the adult psychiatrist to understanding childhood disorders and developing competency in diagnosing and referring for treatment appropriately. Gathering of information and working with the multiple agencies involved in providing care to a child will remain a key component of this rotation. Resident’s perform intakes, work with families, and treat patients individually and with co-therapists, all under supervision of SIMHS and SIMHS staff. Each resident will spend 1 full day/week for 12 months at this rotation In addition to daily supervision the residents will receive one hour of direct supervision. Additional supervision will be available as needed.

**Elective (R-4):**

Each resident is required to have at least 12, and as much as 16 hours per week of scheduled elective time during the R-4 year. Each resident has their program individually structured by the Program Director. In the spring of the R-3 year, the Program Director meets with each resident to discuss their future career plans and how the elective time in the R-4 year should be structured to give the resident advanced training in an area of their particular interest. Each resident is then provided with an elective brochure which outlines in detail standard electives available in our department.

Residents then discuss each elective that they are interested in with the faculty member offering the elective. Next, each R-3 resident meets again with the Program Director to outline a preliminary elective program. Residents then go back to the faculty members offering the electives to finalize their elective plans and residents meet one more time with the Program director to finalize the schedule for the R-4 year.

Residents also are allowed to develop electives of their own choosing under the guidance and supervision of the Program Director. For this reason residents have approximately 4 hours per week of "Flex time", which they may devote to their elective experience, to their research, or to other career development experiences, at the discretion of, and after communication with, the Program Director.
The faculty for electives consists of the full complement of full time, part time and voluntary faculty at Staten Island University Hospital, South Beach Psychiatric Center and Staten Island Mental Health. Residents may spend several hours per week in seminars and case conferences related to their elective program.

Standard electives offered in the residency elective brochure include: Child and Adolescent Psychiatry; Pediatric-Consultation Psychiatry; Adolescent Inpatient Services (South Research); Research (Clinical Research; research in psychosocial treatment of schizophrenia and psychotic disorders; Behavior Therapy-Anxiety Disorders Research). Consultation-Liaison Elective in Primary Care; Consultation-Liaison Psychiatry; Geropsychiatry; Adult Psychiatric Day Program; Addiction Psychiatry/Dual diagnosis (Several) Clinical ECT; Bipolar Disorder Clinic; LGBT Clinic; Health Home Clinic; ACT team.

Case loads vary based on the electives chosen.

All elective experiences are closely supervised by senior faculty members and elective programs are designed by the Program Director to ensure that there is close supervision.

The broad scope of the clinical and research resources at Staten Island University Hospital and the North Shore LIJ Health System make it possible for each senior resident to develop an elective experience that will give them depth in an area of individual interest. Having this elective period run longitudinally throughout the R-4 year will enable residents to choose electives that require a full year for either clinical training or research endeavors. As residents are required to write a paper in published form during their R-4 year, residents may choose electives that coincide with the paper that they are writing.
We have listed here a sampling of courses from our curriculum. Most of the courses will be conducted in a seminar format, with liberal use of multimedia, and opportunity for individualized learning.

**Psychiatry Residency Program - R-1 Curriculum**

**Departmental Grand Rounds:**

Invited speakers through North Shore-LIJ; chaired by J. Kane, M.D.

Formal presentations of recent research, or scholarly reviews of important issues affecting clinical practice and/or our understanding of the nature of mind and brain in health and illness. Most speakers are nationally and internationally recognized experts in their field of study. Grand Rounds are viewed through teleconferencing capability and occur at the hospital's North campus, which will also be the location for residents' educational activities on Wednesdays.

Weekly, each Wednesday, except summer and holidays

**Journal Club:**

Weekly review and critical discussion of journal articles of note. Articles will be disseminated in advance of the meeting, and faculty and residents will be assigned to lead the discussion. Articles will most often be from the current literature, though articles of historical interest may be included as well.

Emphasis will be placed on importance and relevance of content; teaching skills necessary for critical reading, such as assessment of methodology, statistical analysis, and strength of findings; and questions or future directions suggested by the article's content.

Residents will be required to fill out a form in advance of the meeting, in which they convey their assessment of the article with respect to these several measures. Their assessments will be reviewed with the faculty at the Journal Club and used to assist the residents in developing lifelong learning skills.

Bi-weekly, on Tuesdays

**Research Seminar:**

Weekly seminar with Dr Russell Joffe, Chair of the Department of Psychiatry and Behavioral Sciences, which will begin each academic year with an introduction for residents. Attendance in the R-1 and R-2 years is encouraged, though no formal expectation of research practice is required until the R-3 year. The seminar will set forth the expectations for research to be conducted in the R-3 and R-4 year - though research can be initiated at an earlier point in the residency.

Dr Joffe, an internationally recognized and accomplished researcher, will guide residents in choosing topics with which they can work effectively, with the goal of producing a publishable article or study by the end of their residency. Residents will be made aware of research in progress or planned at SIUH, as well as at North Shore-LIJ, including research activities at Zucker Hillside Hospital and the Feinstein Institute for Medical Research, which are part of the North Shore-LIJ Health System.

Residents will also present their research projects as they are in development, and through each stage of the research activity. In addition, residents will be assigned a mentor for their research project, who will assist them individually, and who will attend the research seminar when indicated.

Weekly, Friday mornings
**Literature, Narrative, and the Self:**
Following the format and general outline of Robert Coles' successful seminar series at Harvard Medical School - described in his book, Handing One Another Along - we will read narratives, both literary and autobiographical, in order to explore the varieties of human experience, including but not limited to the experience of mental and physical illness. A selection of other readings, in psychology, the natural sciences and philosophy, and related fields, will also be provided.

The goals of the course will be to understand the importance of narrative and its utility in the practice of psychiatry, as well as medicine, generally; to increase empathy; and to generate discussion of cultural, psychological and ontological issues that may arise in the course of our practice as physicians. A selection of films will also be assigned for viewing at home, and then be discussed in class. A summer reading and viewing list and writing project will be assigned and presented in the seminar in the autumn when classes resume.

Residents on rotations at off-sites will be able to participate in discussions through teleconferencing.

1 night, Tuesday, Monthly

**Learning Practice:**
Informal discussion group and seminar that will provide residents with an opportunity to discuss/review their current learning, to receive additional assistance or instruction where necessary; to direct residents to current, important literature or news affecting the field; to review performance on exams (PRITE, etc.); to provide feedback on their individual and group educational experience and identify gaps, or areas that require attention within the curriculum and/or supervision schedules; and to practice and review Board Exam-type questions and clinical vignettes.

Residents will periodically be provided with exam or assignment materials that they will be expected to prepare before the course, so that answers may be reviewed there, and learning opportunities maximized.

Bi-weekly, on Thursdays, over lunch

**Crash Course in Psychopharmacology:**
Structured using the outline of the ASCP (American Society of Clinical Psychopharmacology) Model Psychopharmacology Curriculum (6th Edition), and utilizing educational materials provided by ASCP, which have been updated and supplemented where necessary. PGY-1 residents will be provided with a basic knowledge of psychopharmacology to guide them as they begin their clinical work.

Weekly, 8 sessions

**Orientation to Neurobiology:**
Introduction to critical concepts in Neurobiology: interaction between the brain and other body systems, including the gut and the immune system; homeostatic mechanisms in the brain and their relation to illness states; introduction to cellular physiology, neurotransmitter and receptor interactions; gene regulation; oxidative metabolism and its relationship to illness states. The course will make liberal use of audiovisual materials to augment learning. Presented by Dr Russell Joffe.

Weekly during Psychiatry Rotation in R-1 year
Anthropology, Philosophy and Sociology in Psychiatry:
Introduction to the importance of understanding other perspectives on symptoms, illness, and healing, informed by other disciplines. Topics will include the influence of race, ethnicity, and cultural background on illness presentation and treatment; philosophical views on the nature of the illness experience, communication, and subjectivity; and the complex way in which language influences the process of assessment and treatment.

Weekly during Psychiatry Rotation in R-1 year

The Clinical Interview:
Intensive training in conducting an effective psychiatric interview. The course will necessarily encompass an introduction to Nosology, but also address: the relationship of diagnostic assessment to the clinical interview and mental status exam; how to establish a treatment alliance; ethics, boundaries and cultural sensitivities of which to be mindful in the conduct of an interview.

As we examine the structure of the clinical interview over the course of treatment, we will discuss integrating clinical scales and measures such as sleep diaries and activity schedules; assessing progress in treatment; and examining different session structures tailored to the task, and the treatment contract/understanding.

Psychiatry Residency Program - R-2 Curriculum
Courses in concert with R-1, R-3 and R-4 residents:
- Departmental Grand Rounds
- Journal Club
- Research Seminar
- Literature, Narrative and the Self
- Learning Practice

Other courses:
Syndromes and Disorders in Psychiatry:
A series of courses which will examine the major syndromes in psychiatric practice, reviewing the etiology, nosology, principles of assessment and treatment, and current research related to these conditions. We will also discuss patient-centered perspectives on diagnosis and treatment, as well as principles of recovery models as they relate to the syndrome being discussed.

Residents should acquire expertise in understanding and managing conditions covered by this course. The course will make use of videos as well as live interviews. Topics will include Mood Disorders presented by Dr Joffe; Schizophrenia Spectrum Disorders presented by Dr Sullivan; Child and Adolescent Disorders; Anxiety Disorders; Personality Disorders; Addiction Psychiatry; and more throughout the academic year.

Basics of Neurobiology:
Introduction to basic knowledge necessary for understanding brain functioning, in illness and in health, as well as the actions of therapeutic agents, and treatments generally.

We will review the gross anatomy of the brain; the brain’s organization and the neural networks, in particular, that underlie mood regulation and cognitive processes relevant to psychiatry; cellular physiology; the neurobiology of affect; learning, the mechanisms underlying long-term potentiation (LTP) and neural plasticity, and the role of mirror neurons; and principles of genomics.
**Psychological Theories of Behavior:**
This course will present the major psychological schools, and areas of inquiry, that represent the scientific effort to understand the mind. Behaviorism, from Pavlov, Thorndike and Watson, to Skinner, and post-Skinnerians, as well as more recent developments, including Acceptance and Commitment Therapy theory and practice; the Cognitive Sciences; the contributions of Learning Theory; and exciting new areas of inquiry such as Perceptual Control Theory.

We will examine the insights of these theories as they relate to our understanding of the mind, and to the practice of psychiatry.

**The Psychotherapies:**
The major schools of psychotherapy will be presented, including the history of their development, their fundamental principles and underlying theories and the essentials of their practice, with attention to what distinguishes each school from the other. Research on effectiveness and outcomes will be reviewed. We will discuss the psychoanalytic schools; group and family therapies; the cognitive therapies; the "Third Wave" cognitive therapies; and others.

**Anthropology, Philosophy and Social Medicine in Psychiatry:**
We will read, review and discuss the work of contributors both within and outside the discipline of psychiatry who examine the influences of human social structures and behaviors, evolutionary forces, and the evolution of our own cognitive frameworks on the way we think about the mind and mental illness.

The writings of Arthur Kleinman, Allan Young, Roy Porter, Byron Good, Michel Foucault, and others will be discussed. We will explore the practice of psychiatry in other cultures; the role of race and culture in society in the USA and New York in particular; the ways in which cultural assumptions influence the interpretation of illness; and the challenge and role of dissenting views.

**Professionalism and Ethics:**
Residents will study and discuss scholarly work, and professional guidelines, which address the doctor-patient Relationship, proper boundaries and boundary violations including social and/or sexual contact with patients. Ethics in Medicine and Psychiatry will also be addressed with respect to such topics as patient's rights, confidentiality, professional behavior and competency. Case studies will be presented to facilitate discussion and learning.

**Psychiatry Residency Program - R-3 Curriculum**
Courses in concert with R-1, R-2 and R-4 residents:
- Departmental Grand Rounds
- Journal Club
- Research Seminar
- Literature, Narrative and the Self
- Learning Practice

Other courses:
**Research, Evidence-Based Practice and Critical Appraisal:**
Overview of research methodology and study design. Formulating an answerable question, searching for the best evidence to answer the question(s), critical appraisal of the literature regardless of whether the
issue is etiology, diagnosis, treatment or outcome and prognosis and application of the appropriate evidence to individuals’ care.

**Advanced Psychopharmacology:**
The course will follow the structure of the ASCP Model Psychopharmacology Curriculum (6th Edition), and utilizing educational materials provided by ASCP, which have been updated and supplemented where necessary. Topics will include pharmacological management of Anxiety Disorder Syndromes, PTSD, OCD, Eating Disorders, Personality Disorders, Psychopharmacology of Sexual Dysfunction, Cross-Cultural Psychopharmacology, Mental Retardation, Child and Adolescent Disorders, and many others. Case studies will be utilized.

**Addiction Disorders:**
This course will increase the participants' understanding of the neurobiological underpinnings of addictive thinking and behaviors. We will examine the distinctions between "abuse" and "dependence" clinically, physiologically, and with respect to both the unique and common factors that predispose to these patterns of behavior. The physiological and behavioral effects of various substances of abuse will also be examined, together with the social and cultural contexts that characterize the use of different agents.

The public health dimension of substance abuse will be outlined. In addition, the relapsing nature of addictive disorders has lead to a variety of treatment modalities, and, in particular, innovative means of engaging patients in treatment, such as motivational interviewing. Case studies and video demonstrations of techniques will be presented.

**Psychopharmacology and Treatment of Addiction Disorders:**
We will study integrative forms of treatment, and examine the risks and benefits of both abstinence-based and harm-reduction models. Residents will be exposed to the range of treatment settings available, and the scientific evidence of efficacy associated with different models. Pharmacologic treatment of withdrawal, as well as relapse prevention therapies, will be reviewed.

The role of behavior therapies, and contingency management in different treatment settings, will also be studied, with clinical examples and exercises for residents to complete and discuss. The principles involved with treating patients with co-morbidities will receive special focus, especially the challenges of co-morbid substance use and serious mental illness (Quadrant IV patients).

**Molecular Psychiatry and Genomics II:**
This course will examine current pre-clinical and clinical research elucidating mechanisms underlying mental illness, dysfunction and human behavior. Residents will be helped to understand the basic principles, concepts, and vocabulary necessary to read this burgeoning literature, including the developing field of genomics. In order to both broaden and deepen understanding, we will invite speakers who are conducting research in this area, including scientists in our healthcare system (NSLIJ), at Zucker Hillside Hospital. We will also organize at least two field trips to visit sites where research is being conducted.

**Developing Assessment Skills:**
In this seminar series, residents will be helped to perfect their skills in performing assessments and in drafting clinical summaries for purposes of case conferences, referral for consultation, or publication, as well as learning to concisely and effectively record pertinent history to enter into the clinical record. Residents will be expected to prepare write-ups (the nature of which will be assigned), related to patients they see in their clinical rotations, and bring them to class to discuss and receive critical
feedback from faculty. Patients will, at intervals, be interviewed in front of the class, so that residents can record their impressions, complete a draft psychiatric history and mental status exam, and bring their work to present, contrast and review with other participants. Specific training will be provided in the use of clinical tools (HAM-D, YMRS, BSDS, Beck Anxiety, YBOCS, BPRS, PANSS, QLES-Q, AIMS and others) and how to integrate them in the assessment process.

**Psychological Testing and Assessment:**
This course will increase the participants’ understanding of the role of the psychologist in the interdisciplinary team. The range of psychological and neuropsychological testing will be presented, together with indications for referring patients for this testing, and guidance in interpreting the psychologist’s findings. The use of psychological testing in research will also be reviewed, together with an introduction to the methods of statistical analysis commonly used in psychiatric an social science research.

**Psychotherapy - Advanced Topics:**
We will utilize video demonstrations of different psychotherapeutic techniques, as well as live interviews, to deepen residents' understanding of specific psychotherapies, with emphasis on supportive, psycho dynamically-informed, and cognitive therapies. Residents will be taught how to create records of therapy sessions for use in supervision, and exposed to scales used to measure competency in the practice of psychotherapy, as well as fidelity to given models. Residents will be prepared to begin the process of certification in CBT with the Academy of Cognitive Therapy during their PGY-4 year.

**Community Psychiatry:**
This seminar will provide an opportunity for residents to become familiar with community services on Staten Island, and to be involved first-hand in observing and contributing to such activities by participation in board-level functions. Residents will be assigned a mentor who will assist them in identifying a community agency with which to become engaged, and then to approach the agency and determine a means for the resident to learn about the entity's administrative functions and operations. Residents will be required to develop a systems-based "change project," which they will identify with the help of staff at the agency with whom they have chosen to work. Residents will report on their experiences, and on their progress toward completing their "change project", in subsequent seminars, and receive feedback from peers and faculty.

**Gender, Sexuality, and Sexual Psychopathology:**
In this course, we will survey issues related to sexuality, sexual identity, and sexual behavior in illness and in health. In addition to didactic presentations, we will invite spokespersons from communities of interest, such as the LGBT community, to speak about their experiences and concerns, as well as clinicians who work in specialized programs addressing the needs of these individuals, including the LGBT clinic where residents may elect a rotation in their PGY-4 year.

The course will address the range of sexual roles in healthy sexual relationships; the importance of therapists' awareness of their own sexuality and biases; issues relevant to the LGBT and related communities; the role of sexuality in persons suffering from depression and other mental illnesses, and how to address these issues in treatment; sexual psychopathology, its phenomenology and evidence-based treatments; and the importance of identifying attitudes toward gender and sexuality in psychiatric/psychological theory, practice and research.

**Advanced Course in Child & Adolescent Psychiatry/Psychopharmacology:**
This course will build on the foundations of normal observed Child development to diagnosis and treatment of Childhood disorders with a focus on Integration of Psychopharmacological as well as psychotherapy techniques relevant to the Outpatient treatment setting. The residents will develop a detailed understanding of major childhood disorders and treatments and treatment guidelines. This course will promote an evidence based curriculum including DSM based diagnosis and evidence based medicine with a background of clinical observations. These will include case discussions as well as review of relevant and current literature as necessary. The resident should gain an adequate level of comfort in assessing, treating and developing collaboration with other care providers.

**Clinical Case Conference in Child Psychiatry:**
The clinical case conference will be a monthly discussion of a case identified by the resident that will be presented formally and discussed with the faculty as well as the residents. The goal of the presentation is three-fold:

1. The resident will learn to obtain and present a detailed yet concise history to other professionals
2. Allow feedback on narrative as well as diagnostic and treatment related dilemmas faced by the patient and clinician
3. Foster a learning environment by case discussion as well as literature review to help understand unique situations that pose a challenge to outpatient psychiatry practices especially in the realm of child psychiatry.

**Psychiatry Residency Program - R-4 Curriculum**

Courses in concert with R-1, R-2 and R-3 residents:
- Departmental Grand Rounds
- Journal Club
- Research Seminar
- Literature, Narrative and the Self
- Learning Practice

Other courses:

**Training to be a Teacher:**
Residents will be helped to acquire skills and confidence that will allow them to become effective teachers. We will make use of institutional resources designed to help faculty improve their teaching skills.

We will also present material related to learning theory, including adult learning styles and needs. Residents will be helped to prepare classes that they will present to different groups in different settings: classes for PGY-1 residents and visiting medical students that are part of the regular curriculum; classes for professional staff at the institution that are part of the Department's ongoing continuing education programs; and classes to consumer and community groups on requested topics. Emphasis will be placed on using different teaching modalities, tailored to the audience and setting.

Residents will research topics and prepare lesson plans, and present lessons in class to receive critical feedback from faculty, before the actual class. Residents should expect to teach at least one class monthly.

**Scientific Reading Seminar:**
Residents will be guided in pursuing advanced independent study of selected topics. Residents will be expected to lead seminar discussions on the works they have read, in which seminar participants will
relate the topic of discussion to the works they are reviewing. Emphasis will be placed on works related
to translational research (e.g., Translational Neuroscience: Applications in Neurology, Psychiatry and
Neurodevelopmental Disorders); studies in the cognitive sciences (e.g., The Invisible Gorilla; Perceptual
Control Theory: Science and Applications - A Book of Readings; Consciousness Explained; Mirroring
People: The Science of Empathy and How We Connect With Others); the history of psychiatry including
critiques and perspectives from within the social sciences (e.g., History of Psychiatry and Medical
Psychology: With an Epilogue on Psychiatry and the Mind-Body Relation; Flesh in the Age of Reason: The
Modern Foundations of Body and Soul; Madness: A Brief History); related disciplines, such as
anthropology, especially those presenting insights gleaned from recent research (e.g., Our Inner Ape: A
Leading Primatologist Explains Why We Are Who We Are); and different schools of psychotherapy and
psychological theory (e.g., Mindfulness and Acceptance: Expanding the Cognitive-Behavioral
Tradition; When Theories Touch: A Historical and Theoretical Integration of Psychoanalytic
Thought; Jung contra Freud: The 1912 New York Lectures on the Theory of Psychoanalysis). Residents
will also be expected use this seminar to prepare a scholarly discussion paper in publishable form on one
of the subject areas they study over the course of the year.

**Advanced Study of Psychotherapy: Theory and Practice**
This course will have two components: Residents will study in greater detail the theories underlying the
principal modalities of psychotherapy for which there is evidence-based research support, including
Cognitive-Behavioral Therapy (CBT); Interpersonal Psychotherapy (IPT); Dialectical Behavior Therapy and
Mindfulness-Based Cognitive Therapy (DBT and MBCT); and Mentalization Based Therapy (MBT); as well
as Best Practices with respect to Psychodynamic Psychotherapy and Supportive Psychotherapy for which
there is less robust scientific support.

In addition, residents will present session records, including their use of clinical scales where relevant,
from active psychotherapy cases using one of the modalities noted above. Each resident will have the
opportunity to present and receive feedback from faculty and peers for 8-10 weeks over the course of
the academic year. Where possible, cases will be followed episodically over several months, though brief
therapy cases will also be selected for purposes of supervision.

**Psychopharmacology Consult Service - Case Presentation:**
Residents will present challenging psychopharmacology cases from the Consultation Service or from the
Outpatient Department. Residents will be expected to review the case, perform an independent
examination and write up their findings, including a literature review. Cases will be presented to senior
consultants and a treatment plan recommended. Follow-up presentations will also be scheduled
to examine the outcomes of recommended interventions.

**Neurology Board Review:**
Kaufman Review Course: preparation for the Neurology portion of the American Board of Psychiatry and
Neurology Examination. SIUH’s Residency Program will underwrite attendance for all PGY-4 residents.
Attendance includes preparation for the general psychiatric portion of the Board Examination.