



# Focus Psychiatry



## September 2016

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If you have any suggestions for how we could enhance the newsletters moving forward or any corrections, comments, or suggestions for articles of interest, please do not hesitate to contact any of the Career Services Committee members.

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### Connect with the Department of Psychiatry

**Igor Elman, M.D., chair**



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## From the Chair: Igor Elman, M.D.



Dr. Elman earned his M.D. from the Ben-Gurion University at Beer Sheba, Israel, where the course of study follows the European model (six years of medical school and a year of internship). From the outset, he remembers being most interested in medical humanities and has kept this fascination throughout medical training and his professional life.

In comparison to textbooks, he said, great creations of literary work provide better insights into the trials and tribulations of man as he seeks a better understanding of the “universal truth” as well as into psychiatric disorders and into mental health at large. When asked what drew him to psychiatry as a field, he said that it was a process. He was a medic and thought he would choose either emergency medicine or cardiology, but the call to better understand the human mind led him to psychiatry.

After finishing his internship, Dr. Elman came to the United States for residency training at the Albert Einstein College of Medicine. Seeking to pursue an academic career, he subsequently completed a research fellowship in psychotic disorders at the NIMH, where he was fortunate to work with the giants who brought astounding advances to the field. He recalls being able to walk down the hallway at the NIH and consult with Nobel Prize-caliber scientists on questions pertaining to the ongoing projects at his branch. This was the time when research on receptors and the physiology of the brain was in a period of rapid growth and deinstitutionalization of people afflicted with mental illness was occurring.

Following NIMH, in 1998, he underwent additional clinical training in addiction psychiatry at the Massachusetts General Hospital and remained on the faculty of the Harvard Medical School for about 19 years. Dr. Elman said that he had no personal investment in the field of addiction, but wanted to better understand human nature from both psychosocial and biological perspectives. Addiction is a prototype disorder where reward and motivational systems are implicated, and much of Dr. Elman’s recent research and publications are focused on the role played by these systems in psychopathology and in medical conditions, including pain and obesity.

Dr. Elman has always had a desire to incorporate medical humanities into his practice, but eventually decided to focus on neurobiological entities rather than on psychotherapy. He feels strongly that the time is ripe for expanding clinical research from the ivory towers of university labs into clinical practice and making it accessible to medical trainees. Experience in research should start as early as possible with a curriculum in epidemiology and statistics to give students the necessary background and tools to engage and collaborate with more senior colleagues and to later compete for publications and grants. With these considerations in mind, the WSU Psychiatry Residency Program is developing training tracks, including ones in research and in addiction psychiatry.

Dr. Elman encourages students to initially take on a single project from start to finish. The area that most interests Dr. Elman is the intersection of psychiatry and other fields including metabolism, pain, stress, behavioral economics, and decision making. He questions, for instance, what the influence of pain is on addiction, what may lead to impaired decision making, and how context and perception affect decision making processes.

When asked about advice for medical students he suggested getting many mentors and role models; incorporating only the parts of their advice and experiences that are

**Elman continued**

constructive and personally meaningful. He said that students should not go into psychiatry just to address their personal problems or concerns about mental health. Psychiatry holds an appeal for some because they think there may be fewer emergencies with more time for research. He cautions, though, that provision of psychiatric care may be an emotionally tolling experience at times, challenging and straining the therapists' own coping resources. Some aspiring psychiatrists deal with the initially bewildering world of people with mental disorders by emotionally detaching, but this is not a winning clinical strategy. He advises students to instead identify their strengths and to recognize their weaknesses so they can build upon the former as well as upon their role models and supervisors.

In sum, Dr. Elman came to Wright State from Harvard Medical School. He brings a strong background in research, a broad cultural base in training and plans to develop tracks in the psychiatry residency program while keeping and developing a strong child psychiatry fellowship and providing an enrichment elective in medical humanities for students and residents. I hope that all students get the opportunity to have a conversation with Dr. Elman. His many interests in better understanding neurobiology of reward, personal choice, and decision making will lead to a fascinating discussion.

**-L. Poston**

## Interview with Julie Gentile, M.D., Vice Chair and Professor

For students who think there is only one path to medical school, Dr. Gentile can tell you otherwise. The Dayton native, youngest of seven children, mother of two, wife, and psychiatrist had known she was going to go to medical school since the sixth grade, but her path was not direct. Following the advice of a high school guidance counselor, she enrolled in nursing school at WSU. She was a stay-at-home mother for her two daughters and her husband was employed as a systems engineer who traveled around the world and programmed helicopters for search and rescue tasks. After completing two years of nursing school and on the advice of a trusted academic advisor, Dr. Gentile finished her degree by taking the prerequisites for medical school. She applied and was accepted to BSOM. She credits her anatomy lab partner for keeping her on a strict academic schedule while she balanced the demands at home with the academic demands of medical school.

When asked how she knew psychiatry was the right choice for her, she relays a story about her fourth year preceptor in psychiatry, Dr. Jerome Schulte. She recalls telling him that she was unsure whether psychiatry or emergency medicine was the right specialty for her. He told her to follow her heart and reassured her that she belonged in the field of psychiatry.

She chose WSU for her residency program because of its focus on psychodynamic psychotherapy and her knowledge of its attributes and opportunities. While a resident she realized that private practice was not for her because she really enjoyed treating patients with severe mental illnesses in the state hospital and community settings. While working there she recognized some communication difficulties with patients who had co-occurring developmental disabilities and mental illness, and realized there was a gap in her training. She contacted Dr. Jerald Kay about this concern, and he invited her back to WSU to work on a solution. Five different agencies donated to provide a one-year salary.

Dr. Gentile decided to take the career risk and took the job. What she has done since then is nothing short of a miracle to patients with severe and profound developmental conditions. She has used her position, along with the help of some key fellow faculty, to develop a state-wide program to identify people in counties who are in greatest need and have been institutionalized when there is the possibility that they can be functioning

members of the community. These patients are commonly in rural areas where access to psychiatrists is limited. Her practice specializes in helping people with developmental disabilities who have a comorbid psychiatric disorder.

After traveling from county to county to provide training and to set up referral teams in many counties, she began seeing patients who were willing to travel to Wright State, and then converted the prototype practice to telepsychiatry. As a professor of psychiatry and the project director for Ohio's Coordinating Center of Excellence in Mental Illness/Intellectual Disability and Ohio's Telepsychiatry Project in Intellectual Disability, she and her faculty partners have expanded to over 800 patients, age 4 and up, from remote and rural areas in 58 counties across Ohio. She reports the patients are generally more conversational and share more information when seen via web cam in a familiar location, such as their home or school. The county teams and boards of developmental disabilities facilitate by coordinating local resources, crisis services, computer access and entitlements.

When asked to provide advice for medical students, she recommends spending time with faculty in the department to see what a typical day is like, and to see as many patients as possible. She expressed an interest in mentoring students and providing assistance with the match process. She also shared her main reason for going into psychiatry: the ability to spend time with patients and to be available to them at their most difficult moments. She said the majority of patients she treats have had significant trauma and limited verbal capability; she feels it is rewarding to assist them in trauma recovery. Her final advice: don't compare yourself to others but stay focused on yourself and your own journey in medical school. You were carefully selected to be here for a reason, and as faculty, we are here to assist and support you in all of your educational pursuits.

**-L. Poston**

## Interview with Brenda Roman, M.D., Professor of Psychiatry and Assistant Dean for Curriculum & Medical Education Research

### What is your perspective on the field on psychiatry?

Psychiatry is an exciting field with a multitude of opportunities—from research to clinical care that focuses more on psychotherapy, or inpatient work, or working with underserved populations. Currently, there is a significant shortage of psychiatrists, especially geriatric psychiatrists and child/adolescent psychiatrists, so there will always be work available!

### What made you decide to pursue a career in psychiatry?

I originally planned to enter internal medicine (and in fact, did not like my third year psychiatry rotation), but while doing a subinternship in IM at the beginning of my fourth year, a patient experience led me to exploring psychiatry as an option. I was very confused as to what I wanted to do, so I interviewed in combined internal med/psych programs, psychiatry programs, and internal medicine programs. In the end, I ranked a psychiatry program as my first choice, and internal medicine as my second choice, and let fate decide! Six months into my psychiatry residency, as I had received my first choice, I knew I was in the right place, and psychiatry was the perfect choice for me!

### How has the field of psychiatry changed since you completed medical school and residency?

I did not need to learn nearly as much pharmacology as there is now in psychiatry, as Prozac came on the market during my residency. But because I am in the “older generation,” I am comfortable prescribing lithium, tricyclic antidepressants, and MOAI’s—meds that residents may not prescribe these days.

### You currently serve as assistant dean of curriculum and medical education research. How does your training/background in psychiatry influence your role?

My knowledge of working with groups through the group therapy training I had in residency certainly helps, and probably just having the foundation of thinking more about the “why” in people helps me in working with students and faculty.

### Given the stressful environment that is medical school, how does the wellness of your student population play a role in structuring the curriculum?

Wellness is a very important aspect—and in the new curriculum, the topic will be an

explicit part of the curriculum through the Physician as Professional course, in which professional formation, reflection, and wellness will all be components.

### Have you seen any studies that compare student wellness at various schools with the structure of their curriculums? If not, how might such a study be conducted?

St. Louis University has a robust wellness program, with some impressive results over the last few years, regarding seeing a decrease in medical student burnout. One of the reasons that the new curriculum grading schema will be pass/fail is because the literature shows it improves student well-being!

### What role does spirituality and a holistic approach to medicine play with regard to psychiatry? Or: How might psychiatry incorporate spirituality and a holistic approach to medicine?

As with all specialties in medicine, physicians need to be mindful of a patient’s spiritual side, and keep that in mind when working with patients. Knowing the social issues that patients face is critical in developing effective treatment plans.

### In addition to your role in medical education, are you also involved in private practice?

At this time my clinical work consists of working at the Samaritan Homeless Clinic, where I have worked for the past 12 years. I love working with that patient population, as I see a great variety of clinical problems, and they are so appreciative of just having someone listen and care! Students during the psychiatry clerkship have the opportunity to rotate at the Homeless Clinic with me. I no longer have a traditional “private practice,” but I still have one private patient whom I have seen for 22 years! Part of the rewards of being a psychiatrist are the long term relationships that are built, and seeing the change in people that comes about because of the psychotherapeutic relationship.

### What is your favorite aspect of working in academic medicine?

The variety of the work—I still teach students in different capacities, and they keep me on my toes more than anything else! I enjoy the more administrative side with curriculum planning, and working with people across the nation in a variety of ways, such as my work on a USMLE committee.

### What are some nontraditional career options for psychiatry residents?

There are so many job opportunities, from working in college mental health services to working in prison systems. The field of psychiatry also provides great flexibility in working in outpatient settings—in fact, for about half of my career, until my children were older, I worked 50-75 percent time so I could do things that were important for me as a mother.

### With mental health issues seemingly at an all-time high, what innovative treatment measures would you like to see or envision moving forward?

In my opinion, it’s all about collaboration, working in patient-centered medical homes for instance, and working to find ways to provide more immediate care, as wait times to see a psychiatrist can be as long as three months. Since psychiatrists are generally contacted during times of crisis and emotional upheaval, such long wait times are unacceptable.

### What challenges do you foresee for future psychiatrists?

Every job has its challenges—that will never change. But the privilege of working so closely with patients is one of the greatest joys! Because of those intangible rewards, the challenges will always be worth it, in my opinion.

—A. Webb MS2

## Interview with Dr. Ryan Mast, D.O., M.B.A., Psychiatry Clerkship Director

### What drew you to psychiatry in particular?

In short, I love psychiatry because I enjoy having a lot of time to talk with my patients, and I also enjoy thinking about thinking. With 90-minute intakes and 30-minute follow-ups, I am able to really get to know my patients. Many physicians in the other specialties lament that they don't have enough time to spend with their patients, but being a psychiatrist means that I can spend a lot of time building rapport with my patients. In addition to building rapport, having time affords me the opportunity to carefully consider how to deliver a message. Some patients want news to be blunt, but for others that isn't true. An important part of medical treatment centers on the question: How do we get patients to hear the messages that we need them to hear? So, I spend a lot of time thinking about thinking.

So, honestly, time with my patients was a major factor for me. Prior to my own medical student psychiatry clerkship, I thought that I would probably be a pediatrician or an EM doctor. What I didn't like about both of those was a lack of time with the patient (and for EM a lack of a long-term doctor-patient relationship). However, I want to make it clear that this is not a story of me trying to convince anyone to be a psychiatrist. This is a story of me telling you to follow your bliss and be happy. I have a lot of friends who are very happy as pediatricians and EM doctors. The bottom line is: choose a specialty where you will be happy. Do it for you. You will be practicing for many years, and you owe it to yourself to be happy. If I wanted to make my grandmother happy, I would have been a pediatrician, but ultimately I had to choose what made me the happiest. As it turns out, me being happy made her happy. So, it's important to know your motivations and to follow your bliss.

### What advice do you have for students trying to figure out if they are interested in psychiatry?

Ask questions and do electives. Important questions to ask residents and attendings include: "What do you like about psychiatry?" "What would you change about the field?" The really interesting thing about psychiatry is that you can do a lot within the field. College Mental Health, Child Psychiatry, Inpatient, Consult Liaison, Forensic, Geriatric, Addiction Psychiatry, Research, etc. A combination of any of the above is also possible. A lot of psychiatrists

get involved in teaching, hospital administration, and in medical school administration. Just look at all of the psychiatrists within WSU BSOM.

I will also say that, in general, no matter what field of medicine you choose, you will sometimes think, "I could have had fun being an EM doctor." It is true that no matter what you go into, you're always giving up something. No specialty uses all of the skills that you have learned in medical school. I'm okay with not needing to remember the clotting cascade or the Krebs cycle. I know that a lot of medical students worry about giving up all of their physical exam skills that you've worked so hard to learn, but no matter what you go into, you give something up. And that's okay. I once studied very hard to learn calculus. I don't use it now. I worked very hard to learn to ride a tricycle, but I didn't ride one to work today. All of life is about mastery. I mastered physical exam skills, and then I decided that I only needed parts of it. I still do the neuro exam a lot, and if I really wanted to use my physical exam skills more, then I would do consult psychiatry.

### What advice do you have for students trying to match in to psychiatry?

Obviously for all students you should do well on Step I and II. Psychiatry isn't terribly competitive, and that's good for you. The fact that it's not terribly competitive is also surprising given that psychiatrists generally have very high job satisfaction and are well-compensated. That being said, doing well on step exams simply makes you a more competitive applicant. I have a lot of advice that I give on matching, and much of it is contained in the 22-page psychiatry document located on Pilot (in the Career Essentials Course and in the "Specialty Specific Advice" folder).

### What's your favorite thing about psychiatry? What's your least favorite?

The thing that I like most about psychiatry is that I am happy at the end of the day. Psychiatry is a lot of fun. Yes, we hear some sad stories, but so does every doctor. However, doctors in other specialties don't have time to address the sad psychosocial issues that they hear. I do.

As a child psychiatrist, I get to play with Legos and Barbies all of the time. Anyone who has seen my office knows that I do a lot of play therapy with kids. I go to Pixar movies with my own three sons as "research" for my job. I do many different jobs (college mental health, telepsychiatry

with patients with intellectual disability (previously known as MRDD), and teaching medical students, residents, and fellows. I love the flexibility that being a Psychiatrist affords me. When I first graduated from my fellowship, one of my sons was 2-years-old and the other was 1-month-old. So, I only worked three days a week for about a year. I made plenty of money, was easily able to keep up my skills, and was able to teach my kids to walk and talk. That was very important to me. The nice thing about psychiatry is that it is easy to do. There is a lot of flexibility. And if I want to work seven days a week now, then that is available too. And it is also easy to practice when I am 80-years-old if I want to do that.

My least favorite thing about psychiatry is paperwork and billing, but that is true for every medical profession. There is a high demand for psychiatrists, so if there is something about one of my jobs that really bothers me, then I could either try to fix it or I could find another job. Everyone is hiring.

### Do you have any general advice for med students?

Spend your years as a medical student learning from each other, from patients, from nurses, from residents, and from faculty. When you are an attending physician, you don't get to shadow any more. So take the time to learn from everyone. Everything that I teach to you is stolen from people who trained me. As part of my current job, I get to watch you do interviews, and sometimes I steal from you too. I often tell a student during their feedback after the observed interview, "I liked the turn of that phrase. I'm going to steal it." So, learn from each other, and help each other out. No doctor is an island. Be good to each other and be good to nurses and other staff. Medicine is collaborative, and patients get well when the team functions well. You will also be happier when the team runs smoothly and patients receive the care they need and deserve.

## Interview with Randon Welton, M.D., former resident at Wright-Patterson Air Force Base

### Fun:

**Favorite hobbies?** Hiking, travel, audiobooks, bike races with my kids, taking care of our 10 acres, fossil hunting, (In case it's not obvious, I don't plan to ever really grow up. There is professional and serious Ryan, but at home there is Ryan who likes jumping in mudpuddles with his kids and playing on the psychiatry residents' softball team. I gave up a lot of hobbies during medical school, but now I have all of the ones back that I wanted back (plus a few more expensive ones). :)

**Favorite vacation?** As a fourth-year medical student, I did a four-week peds cardiology rotation in January in Hawaii (after interview season) and a four week peds rotation in Alaska in May. I obviously wanted to be a child psychiatrist, so I wanted to know more about pediatrics, but I also felt like I could learn those things in other locations. And I was able to see things there that I wouldn't have seen in Ohio (a lot of Kawasaki's disease in Hawaii). My wife (an internal medicine doctor now) also did a peds rotation in Alaska at the same time. At the end of the rotation, we took a week off to see Alaska, and it was phenomenal. I'd recommend it.

**Favorite movie/TV/Netflix show?** Right now, my boys and I enjoy *American Ninja Warrior*. In terms of re-watchability, I've always enjoyed the movies: *Monty Python and the Holy Grail*, *Princess Bride*, *Interstellar*, *Groundhog Day*, and recently *Guardians of the Galaxy*.

**Favorite med school course?** I liked the courses where the lecturer was engaging and made the learning fun. For me, that was pathology, pharm, and psychiatry.

- W. Trautman MS3

Dr. Randon Welton was a graduate of Uniformed Services University of the Health Services and did his residency at Wright-Patterson AFB. He recalls that since his college years, he has been extremely interested in history and literature, but once in medical school also found himself fascinated with neuroanatomy. When he considered specialties during his third and fourth year of medical school he felt that the neurologists were more focused on peripheral neuropathies at the time and he found himself more interested in behavior, feelings, and decision making. He also found neurology to be more structural and he was more interested in psychotherapy. Dr. Welton said that he chose Wright-Patterson for his residency because they focused more on psychotherapy and a comprehensive biopsychosocial approach while most residencies focused more exclusively on the biological aspects of psychiatric disease. He served in the United States Air Force for 24 years total with ten of those years in education and residency training. He has since retired from military duty and now is the residency program director for the WSU Psychiatry Residency Program, a combined civilian and military program.

When asked how he would advise a student trying to choose a specialty, he said that the best advice he got from a preceptor was to do what you find fun at 3 a.m. Dr. Welton credits his mentor Dr. Kay, previous chair of the department of psychiatry, for influencing his desire to teach. He was influenced by watching his enthusiasm for teaching and making teaching residents the most important part of his day. An innovative approach to training residents is being rolled out in the next two years in the WSU Psychiatry Residency Program. Residents can choose an area of interest or concentration within the residency program. Three tracks are being initiated this year (psychotherapy, intellectual and developmental disability, and psychiatric leadership), and two more will likely be added next year (addiction and research).

His advice to medical students wanting to match in psychiatry is to demonstrate an interest in a holistic approach to the patient. He looks for students with the requisite grades and STEP scores who are curious. As an example, he referred to the Michael Creighton book *Terminal Man* in which people were screened for an important task by looking for the ones who said that it

sounded like fun. He feels that the most important tools available to psychiatrists are themselves and their interactions with patients. The psychiatrist's reaction to the patient is critical to understanding how the patient impacts the other people in their lives. The importance of the physician-patient interaction can be seen in the significant benefits of consistent recommendations that patients quit smoking. A brief interaction can help patients move toward positive change in their lives. All medical specialties utilize the benefits of physician-patient interactions, but psychiatrists spend the most effort in understanding them and using them as the basis of all psychotherapy. The benefit of these therapeutic interactions is supported by research. Many students express concern about maintaining boundaries with this degree of involvement with patients and their personal life. Dr. Welton said that learning mindfulness and other training provided in residency can help with this concern. He advises medical students to be comfortable with uncertainty in the field of psychiatry. If you are a person who requires simple, definitive answers, then psychiatry may not be the field for you.

Dr. Welton also feels that research is important in the field, but it is translational research that is a natural fit. Areas of interest for him are effectiveness of education, training, and research in psychotherapy. In summary, for his innovative residency program he is looking for people who see uncertainty as a good thing, who are creative, and who want to make a difference in the field.

-L.Poston

## Interview with Topaz Sampson, M.D., Alumna and Psychiatry Resident

### **What attracted you to psychiatry? When did you know that this was your calling? How did your clinical years at BSOM influence your decision?**

I came into medical school wanting to do emergency medicine. You could have asked any of my classmates and they would have told you “Topaz is going into EM.” Well as you see that didn’t happen. To say the least, I was pleasantly surprised when I did the psychiatry rotation during my third year at the Dayton VA. What drew me was a distinct and intense sense of satisfaction I felt when I and a resident cared for a patient with borderline personality disorder. I recall one case easily as this particular patient was so volatile in many of his relationships including the relationship with his 2-year-old daughter. Over the course of his treatment, the patient was able to go from not being able to see his daughter to being overwhelmed with joy at being invited to her birthday party and being able to assist in the planning of it. I was fascinated with how much not only his life changed but how we were also able to impact his daughter’s life by helping him gain stability in his life. While encountering a variety of different psychiatric illnesses during this rotation, I realized how prevalent depression, anxiety, PTSD, etc. were among my family and friends, and I recognized how it was not being addressed; I got to really understand the serious morbidity and mortality related to mental illness as a burden—especially in underserved groups. The combination of this “feeling” of gratification from my rotation (that I had never truly experienced) and the prevalence of untreated psychiatric illness made me really and truly care. Looking back on medical school, I can honestly say that on some rotations I was just “going through the motions,” but I wasn’t invested enough in that work. Psychiatry made me really care enough to want to spend the rest of my life advocating for this population.

### **What was your PGY-1 like?**

PGY-1 year was...hmmmm....was about making it through the year. It was challenging because there’s nothing like it. Medical school prepares you for the intern year almost in separate parts but now you put all the skills together for real. The hardest part for me was really understanding that my opinion was valued and respected. It’s a big jump in changing your thinking from student to resident. Some other challenges involved being put in uncomfortable situations with colleagues, patients, etc., and sometimes not having

someone to ask immediately for advice and trusting your clinical judgement. Another aspect was also understanding that at the end of the day, it’s really all about what’s best for the patient, so I learned how to work through tense situations with that understanding. I believe those are some of the shifts in thinking in addition to the practical aspect of seeing patients and making plans. I had a mix of on-service (psych) and off service (non-psych) rotations. My favorite by far was working in the psychiatry emergency room at our Level 1 Trauma Center (Ben Taub Hospital) that has its own free standing psychiatric emergency room.

### **What is life like for you as a PGY-2 psychiatry resident now?**

I was so excited for my PGY2 year because I get to really develop my style as a psychiatrist. We get to start seeing therapy patients, work at the famous Menninger Clinic, as well as moonlighting and working in the ER at night. I decided to start my year off with a bang by beginning night flight at Ben Taub, and I have loved every minute of it. I’ll be seeing my therapy patients later this month and I can’t wait. We’re implementing new hospitals into our rotations, so I’m excited for the new challenges that come along with that. Also, I’m excited about using my talent to advocate for my patients in various ways so stay tuned for that.

### **What is a typical day like for you as a psychiatry resident? Could you describe some interesting clinical experiences that you’ve had thus far?**

A typical day usually starts around 8 a.m. and ends at 5 p.m. Right now, I’m on the consult and liaison psychiatry service where we are consulted on medical/surgical admissions with concern about some psychiatric process. Psychiatry is a field in which you work with many people in an interdisciplinary team, which usually consists of an M.D., psychologists, social workers, psych R.N.s, occupational therapists, and chaplains. We all work together on behalf of the patients’ needs. The day can slightly change depending on which aspect of psych you’re working in: either inpatient, outpatient, ER, consult/liaison. I’ve had interesting experiences almost every week, but the ones that stand out the most to me are when I learn more about someone’s culture. I recall during intern year on inpatient meeting a woman that was thought to be suicidal and psychotic all while possibly being in a domestic violence

situation. She was from Cuba and told us that her husband was trying to kill her because she saw him with a religious leader in their religion making sacrifices with a chicken. So now I needed to learn more about her religion and understand if this cultural practice signifies what she was saying. In another case, I met a patient that literally got off the plane from a European country and came straight to our site for care. In this situation, I remember having to learn about deescalating the situation in order to order the appropriate meds for the patient in a code green situation (code greens are psychiatric emergencies). I can see a big difference in my own anxiety from handling codes during intern year to now.

### **What is your favorite aspect of psychiatry?**

My favorite aspect of psych is getting to really know a person. In my field, I get know you beyond what brought you into the hospital in ways such as where you’re from, who you were raised with, how that experience shaped you, your experience with school while growing up, your current support systems, your future goals, where you currently live, your exposure to violence, etc. With these things in mind, I have a much better understanding of how I can help you in what is basically a bio-psycho-social assessment. If that’s not cool I don’t know what is.

### **What is your least favorite aspect of psychiatry?**

What I least like about psychiatry is having to educate other health care professionals often about what is psych vs non-psych. For example, we’re sometimes asked to evaluate cases where a patient is wanting to leave the hospital and is mad. First question: does this patient have capacity...yes. Well being upset is a normal human emotion in the spectrum of emotions. That’s not psych. Sometimes, our role is to help the primary team deal with their own anxiety of having a patient disagree with what they want done to them. Additionally, we sometimes come across violent people who are frequently being routed to us. However, our evaluations often show that a few of these people need to speak to law enforcement and fail to have any psychiatric process going on; one perspective is that they are willfully breaking the law repeatedly. Psychiatric patients are more than likely victims of violence, not perpetrators. Another one of my least favorite aspects is the lack of resources or rather a misuse of resources when someone feigns suicidality but really is

homeless and is seeking shelter. So in between assessing mental illness, we have to educate others as well as try our best to work with the resources we have.

**What should medical students be doing at each level of school (M1 to M4) in order to match into psychiatry? What advice do you have for future psychiatrists in general?**

My advice for every student, whether they're interested in psychiatry or not, is to pay attention to and maximize every one of your rotations because regardless of your specialty, you will care for a patient with mental illness. For those particularly interested in psych, I recommend researching the field as much as possible and to also seek out opportunities for as much exposure as possible with regard to the day-to-day work of psychiatrists. This is one of the specialties that you don't have a lot of exposure to prior to medical school unless you or someone in your family has a mental illness. It's not like just being exposed to a pediatrician, family medicine physician, or internist by chance via your family, so for most of us, our first exposure to this mysterious field is in medical school. Furthermore, when you're on your rotations, ask a lot of questions because that's what you're there for—to learn right? Psychiatry has many fellowships ranging from child & adolescent, psychosomatic, forensic, geriatrics, and addiction. We don't do many procedures but there's ECT which is underutilized but very effective in treatment for refractory depression. Or if you're interested in the brain, there are opportunities to perform neuropsychiatric testing. Did you know that part of our board exam is one-third neurology and two-thirds psychiatry, so we have to know a considerable amount of neurology as well. Remember to ask questions and do your own research, because psychiatry can be depicted incorrectly in the media. It's important to utilize the most up-to-date and reliable information.

**What's important to psychiatry residency programs with regard to creating their rank list?**

I received some great advice about how to think about and rank psych programs. By and large, programs are either research, community, or productivity oriented. Some programs require you to devote some aspect of your training to doing research while others are focused on community clinics and outreach. Additionally, some have the mission of serving a large

population and require residents to be able to be very efficient while seeing many patients. Within the process of deciding, you have to think about what environment is best for your learning style. Above all, I think a residency program should focus on resident education and have protected time for any learning, i.e., didactics, grand rounds, journal club etc. I was attracted to Baylor College of Medicine because it gave me a mix of what I liked, which was a primary focus on resident education and less on productivity alone, as well as various ways to interact with many communities as we serve a range of patients, including the uninsured population within this county, veterans, mixed insurance, out-of-pocket payer, and the entire gauntlet. If I want to do research, I can, but it's not a requirement. The big seller for me is our Psychiatry Resident Outreach to the Public Sector (PROPS) program. Like the title says, we go out and use our skills to serve and better the Houston community. We go out to schools and educate young people about how to process their feelings, we lead a community-wide spiritual discussion about faith and suicide, and we have even launched a radio initiative where residents can go on air and educate our community about various topics. So far, we've had residents talk about nutrition and mental health, and just last week, myself and another resident went on air to talk about PTSD and social injustice. Going back to what I saw in medical school with the stigma of mental illness making it a nonconversational topic, I think it's important for mental health workers to use a variety of methods to reach the community in nonthreatening ways hence the importance of PROPS.

**What are some non-traditional career options for psychiatry residents?**

Well what I've learned about psychiatry is that like many of my attendings, you can dabble in a multitude of settings in psych or even change settings midcareer. Many attendings that I know work partially in the ER while also having a private practice of maybe just doing therapy or a combination of medication management as well, and they also work in the outpatient clinics. The need is so great for psychiatric care that you can make your own schedule and not be delegated to just one area of psych. I even worked with an attending that did tele-psych in the morning from his home office then worked in the ER in the evenings.

I don't know if I'd call that non-traditional but it breaks the mold of just having to do one thing for many years at one time.

**What do you envision for your career?**

For my future, I'm still figuring out what I like the most in psychiatry. It took me all of med school to realize I love psychiatry so I think it's safe to say it'll take about most of residency and all of its exposures in order for me to decide. Currently, I'm very interested in forensic psychiatry, which is the interaction of psychiatry with the penal/law system. I had some forensic experiences as a student, but I'm excited for my upcoming forensic elective. If all goes well, I might complete the forensic fellowship. I also love being in the ER and although that's not a fellowship, many hospital centers are recognizing the need to have a psychiatric emergency room. I'm also very excited to incorporate therapy with my patients because I recognize many people don't just require medications but instead need help with coping skills and learning to process their experiences. I'm looking forward to beginning therapy and learning all I can to implement this into my future work. Whatever I eventually end up doing, I do know my goal is to advocate for the underserved and disadvantaged populations.

**What challenges do you foresee for future psychiatrists?**

In the future, I think that psychiatrists and other M.D.s will need to be involved in lobbying more than ever before in order to find ways to change and impact law making. Many of the obstacles we experience appear to be because of existing laws that directly affect the way we work. It's not always evident that an M.D. was involved within these particular lawmaking processes, so we need to also be "seated at the table" to implement changes on behalf of our patients. I think psychiatrists are perfect for this role as we often are intimately involved in people's lives and have a broad sense of many of the obstacle our patients face. Remember, at the end of the day it's all about our patients, so any way we can improve patient care and practice will be an ongoing challenge to constantly improve.

Topaz Sampson, M.D.  
Psychiatry, PGY-2  
Menninger Department of Psychiatry & Behavioral Sciences  
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## Interview with Meera Menon, M.D., Alumnus

### How did you choose the field of psychiatry?

I entered medical school with the goal of entering a specialty that would allow me to get to know and treat my patients on a holistic level. After my third-year clerkship experience, I realized that psychiatry allowed me more time with each patient to meet this desire.

### Did you have any experiences that strongly influenced your decision to pursue this field over others?

I experienced the psychiatry clerkship early on during my third year of medical school. I enjoyed it a lot, but did not decide to pursue this field until I was reflecting at the end of my third year, and realized that regardless of the clerkship, I would find myself more interested in working with patients with co-occurring mental illness. I would also find myself defending patients when burned out staff on nonpsychiatric services would use stigmatizing descriptors for patients, like “that crazy person” or “that addict” or “is that dumb borderline back in the hospital again?” It’s a true honor to be able to reduce stigma that many feel towards those with mental illness.

### Did you have any mentors along the way who helped shape your decision to go into psychiatry?

I attended Wright State University Boonshoft School of Medicine, graduating in 2012. I really appreciated working with Dr. Brenda Roman while in medical school. She is an example of the fact that one’s work after a residency in psychiatry can hold a great deal of variety. You can practice with empathy and understanding while mentoring young doctors and seeking out leadership positions. Whenever I worked with Dr. Ryan Mast in

medical school or in residency, he always treated me like an equal. His sound advice especially helped me during my final year of residency, when I was trying to figure out how to navigate interviews, the decision of whether or not to further specialize, and the business side of medicine.

### What’s one aspect of psychiatry that medical students may not know?

Many think that when they choose to specialize in psychiatry, they are hanging up their stethoscope forever. Not the case! Due to the barriers that our patients face, we frequently find ourselves managing patients’ chronic medical conditions. Moreover, so many medical conditions manifest as mental health conditions. Thus, it is important to have a good grasp of general medicine concepts.

### What aspects of psychiatry have you found to be most unique. Likewise, what aspects have you found to be most rewarding or challenging?

The knowledge we have about psychiatric conditions has expanded significantly, even since I began medical school. We know so much more about the neurochemistry and neurobiology behind psychiatric conditions and treatments. It is exciting to be a part of such an evolving field.

Stigmatization towards mental illness and those who work to treat it can be frustrating. During residency orientation, the Epic trainer continually referred to my intern class as “not real doctors” and even declined to teach us how to locate labs and imaging in the medical record because we “would never need that information.” While there are people in the world like this EMR trainer, there are just as

many people who will secretly take you aside, thank you for your work, and share their personal experiences with mental illness. The respect for psychiatry is increasing.

### If you were talking to a student looking to go into Psychiatry, what’s one piece of advice you would give them?

First, a piece of general advice: When applying to any residency, do not delay submitting your applications. Be sure that you have correctly submitted everything (i.e. step scores). Many programs will delay inviting you to an interview until step scores, etc., are uploaded.

Second, it is easy to reinvent yourself in this field. If you do not want to be a generalist, there are a variety of subspecialties: child, college mental health, geriatrics, addiction, sleep, forensics, military medicine, psychosomatic, pain management, palliative care, community psychiatry, among others. I know many psychiatrists who divide their time between several different clinics, and others who choose to reinvent themselves every few years and enter an entirely different area of the field. You can work in a therapy based practice. Psychiatrists are also well positioned to serve as leaders, as we study human interaction and group dynamics.

Lastly, please be open to psychiatry. While you may not enter this field, you will most certainly have patients who struggle with mental illness. Mental illness is strongly comorbid with general medical conditions and individuals with severe mental illness tend to have poorer qualities of life. Treat all of your patients with empathy and dignity.

—U. Jasty MS2

## Fourth-Year Perspective—Michelle Bonnet

### When did you first know you wanted to be a psychiatrist?

I was a psychology major in undergrad, so it had always been an area of medicine that interested me. I flip-flopped a little with pediatrics (babies are just so cute), but after the third year psychiatry clerkship, I fell in love and knew psychiatry was the field for me.

### Did you have any mentors along the way who helped shape your path?

Wright State has such a strong alliance of mentors and physicians. The residents and attendings that I worked with had so much passion for psychiatry and it showed in their interactions with patients and their willingness to teach and explain. You could

see their pride and happiness in their specialty, and that was so inspiring to me. Personally, I could not have asked for a better mentor than Dr. Mast. Throughout medical school he was always available and willing to help in any way he could.

### How did rotations affect your decision?

Rotations allowed me to identify what I valued in a future specialty choice. During all of my clerkships I found that I was consistently drawn to patients and cases that had a psychiatric element, whether it was overdoses during internal, delirium during surgery, or postpartum depression during Ob/Gyn.

### What is your favorite thing about psychiatry?

Psychiatry, and the brain, is one of the last frontiers in medicine. There are so many areas for huge advancements and so many opportunities to discover and develop a deeper understanding of neuroanatomy, mechanisms of disease, and treatments. The potential for research is huge, but the current medications and treatments are life changing. I remember on the ward a patient who was psychotic yelled at me. Then after two days of appropriate medication she calmly approached me and apologized for yelling. It was an incredible experience and really demonstrated how important the field is.

continued



## Psychiatry Student Interest Group

A student group that allows students interested in psychiatry to learn about the field and practice of psychiatry, understand how physicians of all specialties can better care for patients with mental health issues, gain information about choosing a specialty in psychiatry, and find information on applying to residency and planning for a career in psychiatry.



### Current board:

#### President:

Hall Wang, wang.247@wright.edu

#### Vice President

Joyce Akamune, akamune.2@wright.edu

#### Treasurer

Mirit Yacoup, yacoup.2@wright.edu

#### Secretary

Jonathan Pentz, pentz.2@wright.edu

### Advisors:

Dr. Valarie Houseknecht

Dr. Katherine Winner

Dr. Bethany Harper

### Suicide Prevention Seminar:

We will be having a representative from the Counseling and Wellness Center facilitate a seminar on suicide awareness and how to talk to someone you suspect is going to harm themselves. Whether you are a physician or not, it is extremely important to know the warning signs of suicide so you can better care for your classmates, family members, and friends. Medical students also have a high rate of burn out and depression, so it is important to support each other with the awareness of the reality of suicide.

**When:** October 2016

### Psychiatry in the Media:

Dr. Houseknecht and Dr. Harper will give a presentation about how psychiatry is portrayed in the media. We will be watching movie clips and commercials while discussing the realities of the specialty versus the popular view.

**When:** January 2017

### Psychiatry Match Panel:

We will have the fourth year students who match into a psychiatry residency come speak about the application process, the interview process, and everything else you need to know about matching!

**When:** March 2017

### Related Student Organizations: STEPS

A student run, multidisciplinary, preventative health program for the underserved communities of Dayton, Ohio.

### Local Events We Support:

"Make a Difference, Save a Life" 5K

Buddy Walk of the Miami Valley Down

Syndrome Association

The Dayton Autism Society's 5K Walk/Run and Resource Fair

## What if I am interested in psychiatry?

### Where do I begin?

#### MS1:

- Begin taking the self-assessments on the AAMC Careers in Medicine webpage
- Work on your CV and have it reviewed by Dr. Poston
- Join the Psychiatry Student Interest Group Network (PsychSign)
- Contact Amber McCurdy, amber.mccurdy@wright.edu, to learn about research opportunities
- Look for shadowing opportunities

#### MS2:

- Review self-assessments
- Go onto the Career Essentials Pilot page and begin researching the specialty

#### MS3 and MS4:

- Meet with Dr. Elman and Dr. Mast
- Review competitiveness data (see handouts on Pilot)
- Complete the Specialty Indecision Scale if you are undecided or having difficulty deciding
- Network during your Psychiatry Clerkship
- Seek advice from fourth-year students going into psychiatry

### What to do next:

- Join the American Psychiatric Association

### Bonnet continued

#### What advice would you give students considering psychiatry as a career choice?

Keep an open mind during your clerkships and pay attention to what you are drawn to. Also get involved in research. There are so many opportunities and studies happening at Wright State and in the area. Not only do residency programs like to see research involvement, it also helps get you connected to the community, and get involved in other projects, opportunities, and networking.

#### What is one thing most people don't know about psychiatry?

There are so many areas within psychiatry. People always think of Freud's couch but Psychiatry is so much more than that. There are subspecialties including Consult Liaison, Forensic Psychiatry, Sports Psychiatry, Child Psychiatry, Adolescent Psychiatry, and Eating Disorders, with more to come as research is done and the opportunities continue to grow.

—R. Brinn MS4