

TEMPLE UNIVERSITY

DEPARTMENT OF PSYCHIATRY

NEWSLETTER FALL 2020



LETTER FROM THE CHAIRMAN

Each year the clinical Departments at Temple submit an annual report to the Dean of the Medical School which reviews the academic, clinical, research, and administrative aspects of the Department for the past year. As I have done each year in the Fall newsletter, my column is the executive summary of that report. Below is the summary for the 2019-2020 academic year.

The advent of the COVID pandemic profoundly affected the practice of medicine and medical education. There will be no going back as new paradigms of patient care and education are quickly unfolding. Despite the considerable challenges posed by this crisis the Department of Psychiatry and Behavioral Science had an outstanding year clinically and academically. We hired three new faculty members. One completed a fellowship in forensic psychiatry (Case Western), one completed a fellowship in child and adolescent psychiatry (NYU), and one completed a consultation/liaison fellowship (Jefferson). No faculty members resigned or left the Department.

The 2019-2020 academic year was a very eventful and successful year for the residency program. We maintained full accreditation with no citations from the ACGME and Psychiatry RRC. We expanded our residency from 32 to 48 positions. When Hahnemann University Hospital closed we were able to accept 19 displaced residents. This provided benefits to the residency program, the department, and the health care system. It gave us the opportunity to expand quickly with maximal educational gain and minimal disruption to education and patient care. Our internal review by the Temple Graduate Medical Education Committee remained positive. On our ACGME Resident Survey, we were above the national average on 38 of 49 items. Our ACGME Faculty Survey was above the national average on every item.

The PGY-1 class is excellent. In our first year of recruiting for a larger class, we matched 12 outstanding and diverse applicants. Two PGY-1s are Temple students and the other residents in the class came from Rutgers, Virginia Commonwealth University, UT Health San Antonio, UT Health McGovern, Ross University, Florida Atlantic University, Ohio State, University of Maryland, and Drexel University. All of our graduating residents who wanted fellowships matched competitively. Academic productivity within the residency remains robust. Nine of our residents published papers this year, and 14 residents presented at national meetings or had presentations accepted but the meetings were canceled because of COVID. All PGY-4 residents made a formal Grand Rounds presentation prior to graduation. PGY-2 and PGY-3 residents are required to present and moderate a Morbidity and Mortality Conference with faculty assistance. The PGY-3 and PGY-4 residents in the Outpatient Department quickly and seamlessly adapted to telemedicine.

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LETTER FROM THE CHAIRMAN, CONT.

Because of the COVID pandemic education models rapidly changed and continue to change. Our didactic program shifted to a teaching schedule using Zoom. This has worked well, and it has proven very convenient for outside lectures. We have gone to Zoom for Grand Rounds and for our Morbidity and Mortality Conferences, and this has not diminished the quality of the educational experience. In fact, we have found that the interaction between the speaker and audience has been more robust and interesting. We can invite speakers from all parts of the country, and the speaker will not have to be inconvenienced and lose time at work with travel. Zoom has significantly expanded our educational opportunities

The Medical Student Education program continues to do well. This year, due to the COVID-19 pandemic, the last rotation of the academic year was significantly affected. It was delayed from original expected start in mid-March to eventual start of clinical rotations in mid-May. While at home, students participated in a two-week online learning curriculum with both faculty and residents facilitating discussions on a wide range of psychiatric topics. The students were able to successfully return to rotations in May, gradually introduced over the course of four weeks to reduce crowding and promote social distancing. Faculty and site ratings were all high with a preponderance of positive comments. Shelf scores among all clinical sites are similar. Communication between the Director of Medical Student Education and the affiliate site directors has significantly improved and the goal of having all grades in within four weeks was achieved. Student Scores in Psychiatry on USMLE II were above the national mean. Clinical site rating across all clinical sites (includes affiliates) ranged from 4.1 to 4.9 out of a possible 5. Going into the new year, we added variety to the rotation experience by moving to split rotations, where students spend time on two distinct services during their time on psychiatry. Twelve graduating medical students went into psychiatry. Two Temple students matched into our residency training program.

The Physician Assistant (PA) program at LKSOM continues to flourish. This was the fourth year of our Department being involved in teaching for the new Physician Assistant program at LKSOM. Multiple faculty members lectured and taught workshops for the Essentials of Psychiatry preclinical course for the first year PA students. The Department received excellent reviews for the preclinical teaching. The clinical rotation for the second year students also received excellent reviews.

The faculty members and residents had papers published and made presentations at numerous national meetings. The Grand Rounds this year brought in outstanding clinicians and scholars. The highlight of the Grand Rounds Program was the fifth annual Cornelius Randhare Lecture. The invited lecturer was Benjamin Druss, M.D. from Emory University where he is the Rosalynn Carter Chair in Mental Health at the Rollins School of Public Health. He spoke about his research on psychosocial strategies for addressing homelessness. The Department is well represented on Medical School and Hospital Committees. Many of our faculty members are also involved in service activity in the region and state.

The clinical programs remained very busy and continue to experience an increase in patient volume. The outpatient program set a new volume record with 10,538 visits compared with 8,029 in FY-19. The patient volume was stable in the Crisis Response Center with 11,713 visits compared to 11,786 last year. The number of 23-hour bed patients significantly increased from 1,383 to 1,559 in FY20. The number of inpatient days this year was 44,793 compared to 43,151 days last year. The denial rate for this year was 0.22%. The average daily inpatient census at Episcopal of 118 beds was 117.3 before COVID and 114.7 from March through June.

LETTER FROM THE CHAIRMAN, CONT.

The outpatient program implemented telemedicine and had the highest volume in its history from April-June. At the same time the no show rate decreased by half. The outpatients had a very positive response to telepsychiatry and like it. We are now using telemedicine to varying degrees in every clinical service including inpatient, consultation/liaison, and the crisis response center as well the outpatient department. This has worked very well with no diminution in clinical care or quality and with an increase in efficiency.

Dr. Mary Morrison received a “U” grant from NIDA to study the neurobehavioral effects of clavulanic acid to treat cocaine use disorders. This study is a translational investigation, and it is the largest federal grant ever received by the Department, with a total budget of 5.12 million dollars over 3 years. It involves faculty and staff from Clinical Sciences, the Temple TUBRIC imaging facility, and collaborators from the University of Pennsylvania and Harvard.

The Department has implemented an impressive diversity education program for faculty and residents. All of the members of the Department are committed to teaching. The Department morale is high and there is an ethos of pride in the Department among faculty members and residents. The residents work hard and make a major contribution to our success. We will continue to look for ways to further enrich and expand our training programs for residents and medical students. We will continuously explore opportunities to expand our clinical and research programs. We anticipate a successful 2020-2021 academic year.

William Dubin, M.D.

Chair, Department of Psychiatry

LETTER FROM THE ASSOCIATE PROGRAM DIRECTOR



This summer we welcomed a bright and energetic intern class. As fall approaches, we have admired the ease with which they seem to be settling into their roles as first year psychiatry trainees. These residents have been faced with the inherent challenges of identity

transformation from medical student to

resident, navigating a new city and hospital system, and remaining socially connected and supporting one another in the background of an ongoing pandemic and tumultuous socio-political environment. Meanwhile, the other residents have been pleased with the return to psychiatry “rotations as usual,” including the addition of a C/L rotation at Jeanes Hospital under the supervision of our newest C/L faculty member, Dr. Lopez-Pastrana. We have continued to conduct all didactics and conferences virtually via Zoom and look forward to the addition of presenters who otherwise may have been unable to teach in a pre-COVID world due to geographical and logistical barriers. New to our curriculum this year are diversity and trauma-informed care lectures which serve to recognize health disparities, better understand the patients we serve, and ultimately improve patient outcomes. On August 26th, we held our first diversity and inclusion book club discussion on *How to Be an Antiracist* by Ibram Kendi (a Temple alumnus!) with dinner catered by a local minority-owned business. We are looking forward to our next book club discussion on *The Protest Psychosis: How Schizophrenia Became a Black Disease* at Dr. Kovach’s home in late October. The residents will be attending a virtual retreat in October at which time they are excused from their clinical duties to collaborate on providing constructive programmatic feedback as they usually do each fall. The fall resident retreat will also allow time for conversations and small group discussions on topics of diversity, equity, and inclusion.

As with many firsts this year, we are anticipating our first ever virtual residency recruitment! Novel tasks this season include screening thousands of applications while maintaining a holistic approach, publicizing our program through virtual residency fairs, revamping our website, engaging in social media platforms (Instagram @templepsychiatry), and developing an engaging and meaningful interview day via Zoom. To assist with navigating this uncharted territory, our leadership team has been busy attending and facilitating recruitment workshops while continuing to work closely with the Temple GME office and marketing team. On the national level, Dr. Kovach has been quite involved in leading discussions around recruitment and formulating guidance statements on behalf of The American Association of Directors of Psychiatric Residency Training. We are greatly appreciative of the time, effort, and ideas from our chief residents and recruitment committee chairs, Janki Patel and Yuki Fukui, in planning this year’s novel recruitment season. As with past recruitments, we continue to value the involvement of our colleagues and residents in recruiting the best and brightest to Temple. We encourage everyone to check out our updated program website and Instagram account, where you can also learn more about each of our interns in the “Intern Spotlight” posts.

Ruby Barghini, M.D.

Associate Director of Residency Training

UNDERSTANDING PRACTICAL PSYCHIATRY: INSIGHTS



The COVID pandemic of 2020 has certainly been a life-changer for us all. Whether you are an essential worker or not, issues of health and financial fears have affected every member of society. For this article, however, I would like to limit my remarks to the essential workers among us, and even more specifically, to those on the front lines of health care. I believe that people choose medical careers out of a desire to help others. Our training, whether it is in nursing, technical support, or medical school, emphasizes service, sacrifice, proper diagnoses, the alleviation of suffering, and then hopefully a return to functioning. Sometimes we can even “cure” our patients and help them reach a level of functioning beyond their pre-morbid state.

For those of us who were practicing during the initial AIDS epidemic of the 1980s, I believe that COVID-19 reawakens some old and painful memories. Scores of patients coming for care, extremely ill, needing intensive care, and then often dying very painful and sad deaths were commonplace. In the beginning, no one knew the cause or the treatments for the illness. I can remember the sense of hopelessness

that many frontline medical people felt being unable to get patients well. How was the disease transmitted, what was the cause, and how do we stop it were commonplace themes in constant discussion.

When COVID-19 first appeared, the cause was pretty much known, but the sheer number of those who were ill, the rapid spread of the illness, the constant pressure put on hospitals and all of the workers was daunting. The only treatment at first seemed supportive, large numbers of people died despite ongoing heroic efforts, and the very thing that those of us in medicine wanted – alleviating suffering, preventing death, and finding a treatment and cure – remained elusive.

Exhaustion, sadness, feelings of failure, and even sometimes guilt began to appear in our healthcare personnel. Depression, anxiety, insomnia, and sadly occasional suicides were noted. To have tried one’s best and not succeeded can be overwhelming at times. Reaching out for help and solace is very difficult to do for some.

Occasionally in medicine as in other professions, one’s self-esteem is unfairly linked with total success. Certainly, in many occupations, notoriety and financial reward become linked with “being the best.” The practice of medicine, however, can be very humbling. You can be exceptionally bright, well-read, well-practiced, and still not get the desired result. Whether one believes in pure science, a higher power, or some combination of those, the desired end result is often confounding and elusive. My point is that when results do not match our hopes and hard work, we must stay kind to ourselves, accept our human limitations, and realize that our self-esteem is and should be more than group or individual medical outcomes. We must self-nurture so we can “fight” another day.

I would like to think that some of our medical colleagues are better at the above than the rest of us. Possibly, trauma surgeons, oncologists, and emergency room physicians get more practice in making peace with our human limitations. At least I hope so.

When any of us is feeling down and out and defeated, reaching out for help is an option that should be encouraged. There are no judgments made. All humans share the same feelings. Each of us can become overwhelmed. Learning to put both success and tragedy into perspective is doable, necessary, and universal. The world is a better place with all of us in it. Stick around!

I am including a piece with these current thoughts that was from a previous newsletter. It was about resilience. I hope that you find it helpful.

Be good to yourself, so you can be good to others.

Roy Steinhouse, M.D., LFAPA, FCPP

Professor Emeritus

UNDERSTANDING PRACTICAL PSYCHIATRY: INSIGHTS—REPRINT FROM SUMMER 2019



Resilience is defined by Webster's as "an ability to recover from or adjust to change or misfortune." Do we all possess that skill? Do some of us have it more than others? Are we all born with the capacity to be resilient? Like most

things in psychiatry and psychotherapy, it is most likely some combination of nature and nurture. In the military, we were taught to improvise, adapt, and overcome – a very cool synonym for resilience!

So many of the patients who come to see us are struggling with the ability to be resilient. Difficulties in childhood, work, school, love, and health – to name a few – have pushed them to the brink. Our challenge is to see if we can reverse the tide and then strengthen the ego to better handle the situations life sends to us all.

Where to begin? I firmly believe that taking a complete and comprehensive patient history is essential. Were there ever any successes? Was the capacity to improvise, adapt, and overcome beaten out of our patients both literally and figuratively? Are they resistant to making mistakes or having successes? Do they see themselves as failures, worthwhile, or burdensome? Have those who raised them treated them honestly and fairly, or were they somehow a "threat" to their caretakers who then dominated and frightened them?

I believe that to be resilient, one must be able to make mistakes without fear, accept successes with pride, adjust to the reality of what we can and cannot control in life, and be honest about our motives. Living primarily in the past and future robs us of the perception of the present – the only true reality that exists. The past is two dimensional, and the future is nothing but a fantasy. We need to learn from the past and plan for the future, but the work of "living" occurs only in the present.

I feel that as we work with our patients and guide them through the hurtful memories, repressed fear, and useless feelings of guilt and shame, we can then begin laying a ground work of positive adjustment to real life, in-the-moment events. When one can examine current challenges without all of the previous background "noise" – both conscious and unconscious – the concept of "improvise, adapt, and overcome" becomes egosyntonic and attainable.

If one thinks of the most successful athletes, attorneys, physicians, parents, and craftsmen (I do not mean to restrict this to only those mentioned here) they all have the capacity to adjust immediately to change and misfortune. I believe that if therapy is successful in stripping away the curtains of sadness, fear, previous failures, and self-doubt that so many of our patients carry with them, they then become capable of blossoming into their full potential.

In closing, I would suggest to all of us that we examine our personal capacity to be resilient, what has been or remains in our way, and not fear self-reflection or growth. Giving up negative personal attributes is always a win! Good luck with your improvising, adapting, and overcoming. It is quite possible to attain.

Roy Steinhouse, M.D., LFAPA, FCPP

Professor Emeritus

NEW FACULTY: DR. MEGHAN MUSSELMAN



Dr. Meghan Musselman recently joined the Psychiatry Department as our new faculty attending. Dr. Musselman was born and raised in New Orleans, Louisiana and moved to Philadelphia to attend medical school at our very own Lewis Katz School of Medicine. She went on to complete her residency at Massachusetts General Hospital and fulfilled her dreams of becoming a forensic psychiatrist after successfully completing her fellowship at Case Western Reserve University.

Dr. Musselman is an active contributor in the civil and forensic mental health community; she volunteers with the Philadelphia Human Rights Clinic as well as Physicians for Human Rights, where she performs evaluations on individuals seeking asylum. Dr. Musselman also devotes her time contributing to research in Forensics and will be presenting at AAPL's annual conference in October on the topic of extremist groups. Currently, Dr. Musselman teaches and brings her forensic experience to residents and medical students, including fostering future research by guiding and advising residents on research papers at our Psychiatry Department. In the spring, she will be running an expert witness workshop series for the PGY-IVs.

Outside of psychiatry, Dr. Musselman uses her green thumb to grow a variety of vegetables, including tomatoes and eggplants, in her garden. Ever the avid spin cyclist, she also exercises her mind with word puzzles and hones her skills with the challenging New York Times crossword.

Dr. Musselman looks forward to continue working with our Temple community, teaching and collaborating with residents and faculty members.



Written by Marianela Rosales, M.D.

ALUMNI SPOTLIGHT: DR. MONA MASOOD



Originally from North Carolina, Dr. Mona Masood completed her undergraduate education at the University of North Carolina Chapel Hill with majors in Biology and English. She went on to complete her medical education in Blacksburg, VA at the Virginia College of Osteopathic Medicine. She then joined the Temple family for her residency training in general adult psychiatry, graduating with the Class of 2016. She currently practices in the outpatient setting as a partner at Southampton Psychiatric Associates, a private practice in Bucks County, PA. She is the Founder and Chief Organizer of the Physician Support Line, a free and confidential peer support resource for physicians and medical students. She also serves as a Board Member for the Muslim Wellness Foundation, a nonprofit community mental health advocacy organization working to educate the community, improve access to care, and destigmatize mental health, breaking down cultural and community barriers. In her free time, she enjoys painting.

The Physician Support Line was born in early March 2020 out of an idea to provide a support hotline for physicians in the face of the emerging pandemic. Dr. Masood explains that it first got started as a post on social media calling for psychiatrists to join. She was blown away by the responses she received, quickly growing from 50, to 100, to now over 800 volunteer psychiatrists nationwide. The hotline offers peer to peer support from volunteers with both training in mental health as well as shared experiences as providers themselves. The service has now expanded to provide support that extends beyond COVID-related stressors to include any immediate concerns, and is available from 8AM-1AM, seven days a week. She highlights that the support provided is completely confidential – no identifying information or phone numbers are stored, and the support does not have to be reported to the medical board.

In her private practice, Dr. Masood transitioned from seeing patients in her usual office setting to providing care via a telemedicine model at the beginning of the pandemic, with plans to begin slowly returning to in person visits in early October. Although she and her patients have been faced with many challenges associated with this change in dynamic, she has observed a sense of resilience amongst her patients, particularly in regards to their ability to utilize and build upon the skills that they have been developing for years.

Looking back on her time at Temple, she shares that her favorite part of residency was her classmates, particularly how they always had each others backs and were genuinely invested in each others successes, which helped them to flourish. She feels that her training at Temple provided her with a solid foundation for her current practice and equipped her incredibly well with the skills and knowledge to provide confident and conscientious care grounded in evidence-based medicine. She is grateful to have had the opportunity to work with such a wide variety of patients during her training and to have been a part of a program that emphasized seeing the person that you are taking care of as a human being. She advises current residents to advocate for their learning, highlighting the unique opportunity that residency presents to hone specific skills and to receive a level of support and direction that isn't available anywhere else. She offers some words of encouragement that when facing the challenges of residency, particularly during a global pandemic, this too shall pass. She encourages current residents to remember why they went into the field, reflecting that as psychiatrists, we are in a unique position to humbly become a part of someone else's life narrative, with so much potential to both give and learn.

The number for the Physician Support Line is (888) 409-0141.

Written by Holly Betterly, M.D.

DIVERSITY IN RESIDENCY

Here at Temple, our Psychiatry Residency Program is committed to building a diverse, educational community founded on the appreciation of others, open-mindedness, and respect. Led by faculty chair, Dr. Barghini, along with resident co-chairs, Maureen Waweru, Emily Liberatore-Maguire, and Divya Patel, the Diversity and Inclusion Committee includes a growing group of residents and faculty who are dedicated to promoting a diverse and inclusive culture within our department and residency program. We celebrate each resident by virtue of their diversity related to race, ethnicity, socioeconomic status, abilities, sexual orientation, gender identity and expression, religious affiliation, and age. Additionally, we believe that the inclusiveness of different perspectives fosters a more energized and productive training environment, ultimately enhancing our ability to build empathy, provide quality care for our patients, and improve the health of our communities. The Department of Psychiatry and Behavioral Health is committed to developing psychiatrists who possess cultural humility and provide excellent and equitable care for all patients.

Participation in the Diversity and Inclusion Committee provides a great opportunity for our clinicians to engage in meaningful discussions regarding these important topics of race and cultural biases with the goal of better understanding and recognizing the



influences they have on the social determinants of health for our patients. This year, the Diversity Committee started a Book Club geared towards the topic of racism during which time a group of residents and faculty are provided a forum for meaningful discussions to take place with the aim of enhancing growth, learning, and understanding of these issues. The first Book Club was very successful, and the next gathering will be hosted by Dr. Kovach to discuss *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Additionally, the deaths of George Floyd, Breonna Taylor, and resulting Black Lives Matter demonstrations are intensifying conversations about race,

equity, and justice across the country, including here in Philadelphia. As more people are becoming inspired by these movements, there has been a significant influx of new members joining the Diversity Committee this academic year. This has been a positive change, allowing for more of our trainees to become engaged and partake in a cohesive effort to speak openly about topics of diversity, equity, inclusion, and disparities in our society as well as within our communities.

Through advocacy, clinical training, seminars, changes to our didactics, and participation in virtual events, our Psychiatry Department is working hard to raise awareness of these issues and incorporate them into our education in order to provide optimal care for our patients. Lectures on a variety of race-related topics, examining historical trauma and anti-oppressive practices, were added to our didactic curriculum to better understand how cultural biases impact healthcare and psychiatric diseases. Our residency program and the Diversity Committee supports our trainees from all backgrounds to strengthen the sense of community, create a space for discussion, provide education on the inequities that diverse patients continue to experience, and offer an opportunity for personal growth so we are better prepared to respond to the needs of the multi-ethnic populations we serve.

Written by Jamie Karasin, M.D.

COVID-19: RESIDENT REFLECTIONS, FOLLOW UP

This past summer's newsletter had an article documenting initial resident reactions to the COVID-19 pandemic. With the pandemic continuing to loom and cases again on the rise, Temple's Psychiatry residents continue to reflect on hospital life and the lessons they have learned. While there is a large body of literature outlining disillusionment as a natural evolution of the emotional response to disasters, readers will note from the following responses that our residents continue to exhibit robust resilience in the face of stress and uncertainty. Thank you to all the residents for their efforts and meaningful contributions to patient care during this challenging time!

Collected by Ryan Serdenes, D.O.



Jessica Wang DO, PGY-4: "Since PGY-4 is meant for time to explore one's specific career interests, I approached the beginning of the year with some apprehension due to not knowing what electives would be able to take on residents with the ongoing pandemic. I've learned to appreciate the flexibility, and my administrative months have opened my eyes to how various services at Temple are adjusting to the "new normal." Currently I am covering the consultation-liaison service at Jeanes and am enjoying working with one of the newest additions to our faculty, Dr. Lopez-Pastrana!"



Catherine Boylan MD, PGY-3: "I was so excited to start outpatient work as a PGY-3. I did not expect to be doing predominantly telehealth visits. At first it was disappointing that I couldn't have the usual therapy experience, but I've learned so much about telehealth which I would otherwise have limited exposure to. And I get to see a whole other side of my patients with them talking to me from their homes. They have more access to appointments that they might not otherwise be able to attend because of socioeconomic constraints. Overall it's been a great learning experience and we've had much needed support the whole way through."



Janet Lee MD, PGY-2: "Though the virus appears to be here to stay and cases are again on the rise, our program has come a long way, adapting to the day-to-day uncertainties and new challenges brought by the pandemic. Now more than six months in, my co-residents, attendings, colleagues, and I continue to work together as a team to appropriately prioritize health and safety while providing empathic care for some of our most robust services yet, reminding us all of the importance of mental health in times of difficulty. It remains a uniquely educational and rewarding experience!"



Amber Navy MD, PGY-1: "I was nervous about how I would handle stepping into the role of an intern and an essential worker at the same time. I had not been near any hospitals since the pandemic began, and I was concerned that it would make the transition more difficult. Thankfully, COVID procedures and protocols were carefully explained in orientation and easy to follow. Everyone seemed to be in agreement and worked together well to ensure everyone's safety. I took comfort in Temple's proactive response, frequent updates, and collaborative efforts to fight COVID."



Terry Lok MD, PGY-2: "Although the pandemic has disrupted daily life in so many ways, we have collectively learned to adapt and mitigate its impact. A silver lining is that we are all now much more comfortable and fluent in virtual communication including meetings, educational activities, and patient care. Although not always ideal, there are concrete benefits including accessibility and efficiency for all involved. In some ways, the pandemic served to accelerate this process and our recent experiences will continue to be beneficial in a post-pandemic world."



Janki Patel MD, PGY-3: "As psychotherapy and outpatient care is an area of psychiatry that I have always wanted to explore further, I looked forward to PGY-3 even as an intern. When it was time to start PGY-3, there was some apprehension about how this would affect my ability to engage patients and my education going forward. Most all patient interactions would be over the phone or video with a few exceptions due to the ongoing pandemic. Although there was definitely an adjustment period at the beginning, it's been a great learning opportunity for me as I've learned (along with the faculty and my co-residents) to navigate new and unpredictable changes that are presented to us."

COVID-19: RESIDENT REFLECTIONS, CONT.



Jacob Weiss MD PGY-2: “PGY-2 is a time of increased responsibility and constant change, and 8 months into the pandemic, I think we are still adjusting. Academic presentations over Zoom are expected. Telehealth based clinical rotations are commonplace. I’m currently on my Child & Adolescent rotation, and have found establishing rapport with families over a camera to be challenging. I’m learning how to be more flexible and know that this will continue to be valuable moving forward.”



Michael Pelekanos MD PGY-4: “2020 has been a difficult year and the residents have demonstrated heroism and resiliency delivering the highest quality of care to patients during this pandemic. Particularly in the Outpatient Psychiatry Department the majority of patient care transitioned to telehealth. From my own experience, this transition did not compromise the quality of care, but provided even better access to care especially during such difficult times.”



Sen Sen Liu MD PGY-3: “I appreciate all the support from my fellow residents and the resilience that they’ve shown during this hard time.”



Travis Dichoso DO PGY-4: “As a PGY-4 we have control over how we want to shape our year. Some of the rotations were rescheduled, but I was able to work out all everything I wanted to do such as spending these last two months learning neuromodulation. ECT, TMS, and VNS cannot be done with telepsychiatry. My mentors were able to make sure I had a solid education given the times.”



Poorna Sreekumar MD PGY-1: “It has been so interesting to start residency in a time like this. As a PGY-1, I’ve actually never experienced residency without COVID. It was easy to get used to the extra precautions and the PPE. What’s been difficult for me lately has been having to tell patients’ loved ones that they can’t visit in the hospital due to COVID. I’m hoping over the next several months we can slowly transition to limited and strict visiting hours to alleviate some of the emotional burden on patients as well as loved ones.”



Ashby Mammen MD PGY-2: “There have certainly been a lot of unexpected changes in my life in the past 2 years. It has been an experience of staying flexible and adjusting to many changes we’ve faced since joining this residency: from the Hahnemann expansion, to responding to the social and political changes in our world, the exciting additions and bittersweet farewells within our program staff, and of course, the COVID-19 pandemic. While unpredictability can often bring feelings of worry, I was able to stay Temple Strong through the ample support of our program administrators and the close friendships I’ve made with my co-residents.”



Michael Zimberg DO PGY-2: “I never expected to be training during the first pandemic in 100 years, but there is some satisfaction in keeping the patients and yourself safe everyday.”

COVID-19: RESIDENT REFLECTIONS, CONT.



Jamie Karasin MD PGY-2: “During these challenging times, Temple has gone over and beyond to make sure we maintain the same quality of residency education and level of care for our patients. From a personal standpoint, I am impressed and heartened by

the way Temple’s faculty has been supportive of their residents who have been exposed to COVID. Working in the midst of the pandemic has strengthened the camaraderie shared amongst my peers and brought a feeling of togetherness (from 6 feet apart).”



Jessica Benson MD PGY-1: “My fellow interns and I have felt very supported by Temple throughout the pandemic so far. We started residency during such uncertain times, but it is clear that resident safety and well being is a top priority. Temple has

also done a great job at helping our class stay as connected as possible, despite having to be more physically separated than we usually would.”



Lily Zhang MD PGY-1: “I have spent the past few months working on the inpatient psychiatric units here at Temple Episcopal Hospital. Though I had been excited and eager to start my intern year, I had not anticipated the additional challenges that

come with working during a global pandemic. One of these challenges has been learning about how our patients have been doing. They tell me that they haven’t been able to schedule appointments, see their therapists, get their medications refilled, or go to their AA groups. They tell me how they feel isolated during a time when they need additional support. Seeing our patients persevere through this time motivates me to continue to come in to work each day, ready to be a part of their care and to support them through the challenges they face.”

TRANSITIONING TO TELEMEDICINE

As the reality of the COVID-19 pandemic was realized in March, the Temple Outpatient Psychiatry Department had to make quick and important decisions regarding the transition to patient care via telehealth. Early on the primary concerns from both residents and faculty was patient and resident safety and patient privacy. Telehealth platforms were quickly identified and implemented. Calvin Foo, a current fourth year resident who was part of the transition to telehealth in the Outpatient Department, explains that a rapid transition to telehealth made necessary new conversations surrounding safety and clinic rules. For example, residents found themselves discussing patient's location during settings, their ability to engage in a private session, attire, and how to share and collect written information. The transition to telemedicine encouraged residents and faculty to look to the literature on telehealth and explore navigation of unique issues.

Telehealth continues to be the primary way residents who started in the Outpatient Department in July have seen their patients. Today's third year class had the unique challenge of beginning their outpatient year all digitally due to the pandemic. Most residents continue to see all but healthy intakes online or via the phone. Meera Chatterjee, a current third year, found the most difficult part of the transition was encouraging patients to meet by video versus phone. Miyuki Fukui, another third year resident, similarly notes that not being able to see certain patients, especially elderly patients without smart phones, to be the most difficult part of telehealth as well. "It made me realize how much I rely on non-verbal cues," she says. Calvin Foo agrees with this even with the use of video, "It can feel like you lose something psychodynamically – it's like talking through plexiglass." Meera mentions that patients using virtual platforms seem to get distracted more easily, doing chores or talking to others, though with reminders of expectations these difficulties can be resolved.

All residents agree, however, that there is a great benefit of telemedicine in expanding access to the clinic for patients. In fact, no show rates have decreased during COVID-19. The use of telehealth has allowed those who work to attend more regular appointments without accounting for travel time and has allowed persons who physically found it difficult to travel to attend more regularly as well. As far what residents would like to see for the future of telemedicine in psychiatric care, all agree they see it as part of their practice, especially for motivated patients with physical or economic inability to regularly attend. For now, telemedicine will continue to serve a vital role in continuing care of patients in our Outpatient Department.

Written by Rebecca Anthony, M.D.

AN INTERN PERSPECTIVE

These past few months as a new first year residents have been a very interesting time to reflect on. No amount of advice from former residents could begin to fully describe the different experiences we were about to undertake as new interns. Especially in these unprecedented times, the COVID-19 pandemic has had a huge impact on our transition to residency and continually forces us to adapt to new developments. Our program has recently expanded as well, and I feel lucky to be part of a larger residency class for the many advantages that provides. And so with the many changes of transitioning to our new roles and responsibilities in residency, it has been very reassuring to have the support of the current residents and faculty.

Never would I have imagined I would be entering residency in the middle of a global pandemic but 2020 has been a unique year. Naturally, the pandemic forced a lot more communication through virtual means like Zoom. Most of orientation was online, and a lot of team activities are limited due to social distancing requirements. An unfortunate consequence is that we lose a lot of personal interaction as we try to get to know current residents and faculty better. Some residents have commented on how difficult it was to adapt as clinical rotations changed with different protocols demanded by the pandemic and certain off-site electives were postponed. We have all grappled with our own anxiety our own health and our family's health while we have been supporting our patients through their own similar struggles. I also now realize how much I used to take facial expressions for granted as we now interview our patients behind masks! Yet even with the many challenges the pandemic brings, it has been greatly inspiring to see the flexibility and resilience of the Temple community as everyone comes together to support our vulnerable patient population while also protecting resident and staff safety.

Another change for our residents has been our larger residency program. Personally, having more co-interns has been a really bright spot since starting residency. Marianela, one of my wonderful co-interns, told me how she appreciates having more opportunities to learn and share with other interns with such varied personalities, backgrounds, and interests. Additionally, many residents have mentioned how our larger class size allows us to share call responsibilities and provide more patient coverage which are great perks, overall increasing our wellness and helping to decrease burnout. I also appreciate how having a larger residency program allows for greater resident diversity.

Ultimately, we now share many new perspectives as new residents in the class of 2024. Some of us are new to Philadelphia and so we are all excited to explore Philadelphia more, especially as the pandemic improves. As we adapt to the challenges of our new roles and responsibilities, it has been comforting to be able to rely on one another. Our fellow residents have made our transition as smooth as possible, and I feel very lucky to have that support. Their experiences and enthusiasm in guiding us through the many challenges of intern year with night float, call, adapting to new clinical environments and many patient responsibilities have been priceless for our class. While the times are difficult for many, it has also been wonderful to see us all work and continue to grow together.

Written by Matthew Lu, M.D.

ACCOMPLISHMENTS



Congratulations to Dr. Ortiz for being recognized as the Essential Worker of the Year by Concilio for her work during the COVID-19 pandemic!

Congratulations to Sarah Miller on her important collaborative and editing efforts for this physician and resident wellness toolkit located at <https://gmewellness.upmc.com/>.



GME WELL-Being

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WELL Toolkit

All graduate medical training programs across the United States are now required to meet national standards related to physician well-being. The guidelines are defined by the Accreditation Council for Graduate Medical Education (ACGME) in Section VIc of the Core Program Requirements. The WELL Toolkit was designed to help academic institutions meet these mandates regarding physician well-being. Version 1.0 of the WELL Toolkit was created in collaboration with >80 clinician educators and content experts from across the nation. While there are many excellent well-being resources already in existence, the WELL Toolkit was designed by physicians for physicians with content that is specific to the practice of medicine.

Introduction to the WELL Toolkit

Depression

Risk for Violence

Suicide

Fatigue

Substance Use

Burnout

RESIDENCY IN PHOTOGRAPHS



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