

Newsletter

MEDICAL STUDENT



A Publication of the American Psychiatric Association

Committee on Medical Student Education

Psychiatry Interest Groups

By: Carl Fisher and Lisa Di Enno

Medical students representing the American Psychiatric Association's seven geographical regions, as well as representatives from AMSA, SNMA and the US military, came together on Saturday, October 8th in San Diego to form a new network of psychiatry interest groups, in an effort to connect all such groups at medical schools and encourage student participation in the APA.

This ambitious new network of interest groups – the APA's Psychiatry Student Interest Group Network, or PsychSIGN – will be led by the eleven students from this original San Diego meeting, with an eye toward a truly collaborative nationwide community of students interested in psychiatry. PsychSIGN will promote the establishment of new psychiatry student interest groups (PsychSIGs), support and encourage activity in existing groups, and provide resources for PsychSIGs to pursue community service projects related to mental health and illness. The group will create guides to innovative, far-reaching activities that have been successful at other schools; some examples that have already been compiled include "Reel Psych" film nights, student-run clinics for the mentally ill and collaborations with

health clinics that serve the homeless. Furthermore, PsychSIGN will serve as a central hub not only for coordinating group activities, but also for discussion and debate, through its website and student organized conferences. The group leaders have set as their ultimate mission "to eradicate the stigma surrounding the specialty, and, ultimately, to promote health and justice for the mentally ill."

To achieve the lofty goals set forth on October 8th, PsychSIGN leaders are working hard to create an organization that will provide continuity, support, and community to all students. Regional leaders are currently contacting students at all the nation's medical schools to find out which schools have PsychSIGs and which don't. Those that do are being plugged into the national network. PsychSIGN, in collaboration with the Medical Education branch of the APA, will be working at the regional level throughout the year to encourage the formation of new PsychSIGs. The culmination of the year's work will be a student-led leadership training confer-

ence, hosted by the APA, preceding the Annual Meeting of the APA in Toronto.

PsychSIGN seeks to have a student from each school attend the May meeting. Housing and program costs will be covered by the APA and transportation funded by individual schools. Each student leader will attend a day-long conference with an emphasis not only on developing leadership skills, but also deepening students' knowledge and understanding of psychiatric practice in general. At the conference, students will elect new regional representatives to the national panel of leaders and participate in workshops about educational opportunities and residency programs.

Visit www.psychsign.org to download an application form. We hope to see you in Toronto!

Explore Psychiatry

By: Brenda Roman, MD

A common thread runs through each of these articles, all written by medical students. That thread is the exploration of the field of psychiatry. For some students, the interest in psychiatry predates medical school, but for others, it may begin with a psychiatry interest group or club in the pre-clinical years. In a psychiatry interest group meeting, a psychiatrist may share experiences in the field, and students gain a glimpse into the life of a psychiatrist; other interest groups

may include community outreach. For most students, the clinical years is when the passion to be a psychiatrist is stumbled upon and strengthened by patient experiences. Students suddenly find themselves most excited about the patients' lives and not just the symptoms of an illness.

Once the decision is made to enter psychiatry, one needs to look beyond the comfort of their home medical

school. Get involved in the American Psychiatric Association and attend local, state and national psychiatry meetings if possible. Apply for national fellowship and research opportunities through the APA--a great way to meet national experts and gain invaluable experience.

A great way to look at other

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The Many Faces of Agitation

By: Poonam Modha, MD

As a third-year medical student, I had the opportunity to see psychiatric patients who had underlying medical issues, and vice versa. I feel that the popular notion that psychiatry and internal medicine are mutually exclusive needs to be replaced with the fact that psychiatry is indeed a medical field. To illustrate this point to my peers, I present a set of cases to them. First, I present the case of a 50 year old woman with a long-standing history of schizophrenia who presented to the ED with agitation. She was subsequently admitted to the Psychiatry unit. When I share this example with other students, their differential includes the following: worsening of schizophrenia, poorly controlled schizophrenia, and noncompliance to medications for schizophrenia. Next, I present another example to them. A 50 year old woman with multiple brain masses presented to the ED with agitation and was admitted to the Medicine ward. The differential diagnosis for this patient includes many neurologic, oncologic, and infectious conditions. My colleagues are surprised when I tell them that the two examples are actually the same patient, i.e., a 50 year old woman with schizophrenia and brain masses presented with agitation.

This patient was a 50 year old woman with a history of schizophrenia who, due to refractory agitation, had a head CT, which showed brain masses. A brain biopsy showed poorly differentiated adenocarcinoma of unknown primary origin. Further workup determined that this patient had lung cancer. Having had the chance to admit this patient to my team while on two different services, Psychiatry and Internal Medicine, I gained a deeper understanding of how a patient's psychiatric history can lead physicians, and future physicians, down the wrong path, by causing them to exclude possible medical etiologies for a "psychiatric" patient's presentation. Also, I have seen

that psychiatric issues go misdiagnosed and undiagnosed on the medicine wards.

I feel that the initial presentation of patients with psychiatric issues is often misinterpreted as being solely of a psychiatric origin. Although our patient may have had long-standing schizophrenia, and although the agitation may indeed have been related to the schizophrenia, her underlying cancer may have been ignored if her psychiatrists did not do further medical workup. Agitation or aggression is considered to be a psychiatric emergency, according to various published reports. If it were more broadly deemed to be an emergency that all physicians should learn how to work up, then there would be a greater chance that the correct etiology for a given patient's agitation would be found. After all, agitation may be the manifestation of a multitude of psychiatric, neurologic, and medical conditions.

Because psychiatry is considered by many people, including other physicians, to be a field separate from medicine, the quality of patient care suffers. Also, because of the stigma that surrounds psychiatric diagnoses, and even psychiatrists themselves, the patient may not receive the comprehensive care that they deserve. When a medical team asks for psychiatric consults, the opinion that is given is often ignored because the team may be focusing too much on trying to find a supposedly treatable medical condition as the reason for the patient's suffering.

Since psychiatric illnesses are not often understood in concrete terms, they can be even more difficult to treat than some "medical illnesses." This reason is why medical schools should offer basic psychiatry courses beginning in the first year of training. A basic psychiatry course that allows students to understand the major concepts behind mental illnesses may be helpful in dis-

persing some of the misconceptions about psychiatry as a field, as well the patient with co-morbid psychiatric and medical conditions. Hence, there would be more collaboration between physicians in various fields that would allow for better care of the patient.

Dr. Modha wrote this article when she was a 3rd year student at the University of Massachusetts. She is now a psychiatry resident at Brown University.

Healthy Minds, Healthy Lives

The APA has launched a new consumer-oriented Web site that seeks to inform and educate the public about mental health treatment and resources. A recent survey showed that the Internet is the number one media source Americans turn to for health and nutrition information. "Stigma around mental illness persists, and the Web provides easy access to consumers who want to learn more about maintaining their mental health," said APA Medical Director James H. Scully Jr., M.D. "Our previous information efforts focused primarily on health care providers. We're pleased to now offer a free public service resource through HealthyMinds.org – which is just a click away, night and day, for anyone who seeks this information."

The core of the Web site is information on many common mental health concerns, including warning signs of mental disorders, treatment options, and prevention measures.

A Real Life Story of One Psychiatry Interest Group

By: Anna Glezer

“The Psychiatry Interest Group began two years ago as a way for students who are interested in potentially entering the field of psychiatry as well as those who are interested in exploring current topics in world of psychiatry to come together.” This is the first statement in the student handbook describing the purpose of our group, and the words that attracted students to our first Psychiatry Interest Group event of the year. The event, held in October, served as a general introduction to the various paths in the field of psychiatry to interested students. It took the form of a dynamic group lunch with psychiatrists from different fields participating, including forensics, child and adolescent, and others.

I hope it was the success of this original meeting that helped shape and plan the direction of future events. I believe that the most important part of being a leader is not necessarily coming up with all of the ideas, but facilitating an environment where such opinions are encouraged and pursued. It was this notion that led to our next large event – Eating Disorders Awareness Week. One member of the group mentioned the idea of organizing something on campus to promote and disseminate information about this mental illness,

so we began to work together, gaining contribution from other members and momentum to transform the idea into a reality. In the end, there was a weeklong poster information session and a panel lunch discussion with physicians from many sectors who work together – psychiatry, endocrinology, and primary care – to treat eating disorders. However, as with any event, we did run into a few unforeseen glitches. Lesson learned: when promising lunch, make sure that there is enough food to feed the entire group and that it is not all seafood salad.

As the year continued, the group expanded and became better known for its activities, which led to additional requests, invitations, and events. One of the more difficult tasks I had as the leader of the Psychiatry Interest Group was ensuring all of the diverse interests of the group’s members were addressed. I accomplished this by coordinating the various resources of information that were available to me and providing them to not only those registered with PSIG, but others in the medical school classes, because I felt that

everyone may have an interest in these fascinating topics – not only those who signed up originally.

In the end, one of the most encouraging signs to me of the success of the efforts of the Psychiatry Interest Group over the last year was that when I asked for new leaders for the coming year, twice as many students volunteered as had the year before. I hope that this growing interest in the field of psychiatry continues with the next generation of student leaders, and I aim to work with them to ensure this aspiration comes to fruition.

Anna Glezer is a medical student from the University of Massachusetts.

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Other Potential Ideas:

- Activities for Neurology interested students
- Mental health screening for students
- Volunteer opportunities at local mental health facilities
- Many, many awareness issues!

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programs is to consider an away rotation--even to a place that you aren’t sure would be right for you from a geographic perspective, such as the experience of Randi Cohen. She took the chance to send an email to me after reading an article in this newsletter about how I ended up in psychiatry--and I challenged her to visit Dayton, Ohio. Through that month long rotation she expanded her horizons and found mentors.

Mentors in the field of psychiatry can help you in so many ways--encourage you to look at specific programs that match your interest or write letters of recommendation with a personal touch. Most of us welcome the opportunity to mentor stu-

dents. Years ago when I attended a conference for junior faculty members, I met a psychiatrist who became one of my mentors--her passion for psychiatry was infectious, but most importantly, she was so encouraging of my plans to become an academic psychiatrist at a time in which I was struggling to add the “writing piece” to my career. I was perplexed by her interest in me, especially her desire for me to send a draft of an article to her within the next 3 months so she could review the article. She was a nationally known educator--how did she have time for me? I discovered a true mentor in Leah Dickstein, MD, and to this day, I feel her definition of a men-

tor is one of the best. “Find someone who has a passion for you to succeed and even to surpass their achievements--someone who won’t rest until you achieve your goals”. Good luck as you explore psychiatry! There are a lot of great people in the field, and we are excited for you to join us!

Brenda Roman, M.D. is Director of Medical Student Education in Psychiatry at the Wright State University Boonshoft School of Medicine. You can contact her at brenda.roman@wright.edu. We are grateful to all the medical students who contributed to this newsletter. If you have an article about an experience with psychiatry, please send to [Nancy.Delanoche, MS.](mailto:Nancy.Delanoche@wright.edu)

What I Learned on my Away Rotation

By: Randi Cohen

I brought a giant cardboard box full of food with me all the way to Ohio. My friends laughed, but I was venturing into a state in which I didn't know a single soul. That food was my security blanket.

I threw it all out not long after I arrived. Dayton, I discovered, had much better grocery stores than NYC. It had other treasures as well.

My saga started when I read an article in last year's APA newsletter written by Dr. Brenda Roman at Wright State University. Something in the article struck a chord with me and I wrote her to ask for advice about my career path. I told her that I had an interest in psychotherapy and neuroimaging research. She immediately suggested that I come to visit.

Native New Yorker that I am, I was not immediately sold on the plan of living in Dayton, Ohio for a month, let alone for four years. However, Dr. Roman was persistent in her conviction. She told me that even though it was unlikely that I would come to Dayton for residency, Wright State would offer me the chance to actually do and see psychotherapy, and to get a sense of what excellent training in psychotherapy would be like, so that when out on interviews I would be an "informed consumer." Eventually she won me over, and I am so glad she did.

At Wright State University, I was given so many unique opportunities: working one-on-one with attendings, spending 5 45-minute sessions with my own patient and later critiquing myself on video with a chief resident, getting valuable advice on the match process from the department chair, sitting in on case conferences in which residents brought in videos of cases and discussed with the group, watching a video of one of the chair's psychotherapy cases along with a recent graduate of the program, being privy to neuroimaging research meetings in a conference

room worthy of the Starship Enterprise, attending a psychiatry "Movie Night," sitting in on the supervision of one of the residents, and creating a 15-page write-up of my patient describing her case from various psychological perspectives and discussing it with Dr. Roman. I even ended up rafting a Class V river with a group of the residents.

The most wonderful thing about Wright State was how much time the attendings had to spend with me. My emails were generally returned on the same day and I spent most of the month working one-on-one with attendings or chiefs. I asked one of the professors why he was able to give me so much attention when he knew I might not stay, and he said: "Have you heard of the Eriksonian generativity phase? I'm not leaving Dayton, and I've got the highest academic position I would want to have here. I've published many papers and my private practice is thriving. I've essentially accomplished everything I want to accomplish for myself. Now my greatest joy is to see my students succeed." I'm sure most attendings would love to spend as much time with students as he did - the difference, I think, is that most of the attendings I was meeting back in NY were still in the middle of climbing their ladder of success, and thus had more priorities to juggle. In a smaller place like Dayton, with fewer rungs on the ladder, I could much more easily get the attention of the people at the top.

I left WSU with a sense of what I really wanted in a residency program and how to look for it, because I'd experienced it first-hand. For instance, once I saw how much video technology could bring alive the experience of supervision and case conferences, I knew that was something I definitely wanted in a residency program. Also, I made sure to ask everyone I came in contact with about what questions I should be asking, and they all had useful contribu-

tions: ask whether the hospitals have computerized charts, ask whether they have a separate psychiatry ER, ask what their referral sources are for psychotherapy patients, ask for contact information of students who've previously done research with a given attending, and so on.

I had so many amazing experiences in Ohio that many friends have been surprised to hear that my rotation only lasted for a month. And in a way, it has actually lasted far longer. I left for Ohio with some vague hopes, a beat-up old car, and some food in a cardboard box. I returned with invaluable insights into the process of psychotherapy, the feeling of sitting in the therapist's chair, and how to be a smart shopper for the place I would be spending the next four years. More importantly, I had gained some amazing mentors who were ready to answer any question I had about the field or my professional future quickly and completely, who cheered me on as I went through the grueling application process, and who wrote me glowing recommendation letters to which they were able to give a personal touch because they really knew me.

I truly feel that my rotation at WSU has been a formative experience in my growth as a psychotherapist. I hope that the medical students reading this will strongly consider an away rotation, either at WSU or at another program at which they're able to make a personal contact among the faculty. Don't be shy - there are many idealistic, talented psychiatrists out there who would be happy to mentor a student if you just take the first step and contact them. Good luck!

Randi Cohen is a 4th year medical student at Albert Einstein College of Medicine who will be entering psychiatry. She can be reached at randi@alumni.princeton.edu

From Apprehension to Excitement—the Lure of Psychiatry

By: Elizabeth McIlduff

In beginning my psychiatry clerkship, I wore a cloak of apprehension, sewn from the sparse walls of the inpatient unit, the locked doors at the end of each hallway, and words of caution of explosive past encounters with psychotic patients. The nervous fear gradually lightened as inpatient psychiatry introduced me to a colorful cast of characters, costumed with intricate gestures and subtle idiosyncrasies. These characters became human as they told stories of addiction, euphoria, visions, voices and tragedy. I became fascinated with their histories and the dependence of the present on the past. Each encounter disrobed previous misconceptions about human nature, and showed me the way each new experience can silhouette the future.

My outpatient experience at a homeless clinic generously exposed me to the restricting nature of homelessness. Through listening to these patients, I came to understand how their perceptions of the world shaped their view of themselves and their interac-

tions with those around them. One homeless patient, sleeping in a shelter and struggling to attain employment, came to the clinic for help with anxiety and depression. He told me of the uncertainty of getting a bed in the shelter, the fear of not knowing what would happen once the lights were shut out, and the drugs and violence that saturated his daily life. He had been clean and sober for months, but while remaining in the shelter he was faced with temptation everyday. Each day that went by without being hired ended with a night of restlessness and anxiety. This cycle continued, the lack of sleep affecting his ability to function during the day, the frustration stealing his patience and replacing it with hostility, and the despair leading him back towards drugs of addiction. By understanding how their view of the world fashioned their behaviors, I gained the opportunity to empathize and relate to a foreign logic; I could grasp a strand of sense out of a fabric of what I previously viewed as nonsense. It was clear that once tied

into the bindings of addiction and poverty, it takes enormous strength of will to cut yourself out of a seemingly endless downward spiral.

Psychiatry opened my eyes to a future I had never considered. I realize that there are many questions yet unanswered about the biology and social causes of mental illness, and the complexities of the field of psychiatry are continually expanding. I recognized the ability to make a difference in patients' ability to function day-to-day and cope with the challenges of the world around them. Each day I went into my psychiatry clerkship eager to know more, to listen to more stories, to care for those who are most in need and to interact with some of the most exciting and enthralling patients in medicine. Psychiatry is a field that is guaranteed to inspire me in the exploration of further knowledge and outfit me with the chance to make a difference in people's lives.

Beth McIlduff is a medical student at Wright State University. Her email is mcilduff.2@wright.edu

A Flood of Fear

By: Ann Long

One of the greatest challenges a medical student faces is conquering the ever-present fear of uncertainty - each new semester, new week, new day brings with it a multitude of obstacles. The ability to cope with adversity makes us more capable and, in the end, equips us with the skills to become successful physicians. When I began medical school I had some vague understanding of the difficulties which awaited me. I could never have imagined what lay in store for me, my classmates, and my school.

I distinctly remember being in Charity Hospital two days before Hurricane Katrina slammed into the Gulf Coast. I heard the grumbles of Code Gray in the halls as I made my way

home to grab some clothes and evacuate. My classmates and I fled to cities all over the country. When it became apparent that New Orleans would not be spared, our only option was to watch and wait. After the hurricane moved over land and word spread of levee failure and widespread flooding, I watched the television, scanning for any signs of my school, the hospitals, and my neighborhood. The images of death and destruction were stunning and I watched in disbelief as patients and physicians left our hospitals by boat and helicopter.

Within two weeks, many of my classmates were already busy with relief efforts in south Louisiana and those of us in other parts of the state were arranging to head south in anticipation of a return to

our rotations and classes. Teleconferences were arranged that involved conversations with faculty, students, and administration. We communicated via cell phones, email, and website organized by students and administration. All the efforts to reunite our class began to come together and, by September 19th, my Psychiatry rotation was back in session. The return to our rotations was difficult for a number of reasons, namely, lack of housing. I was fortunate enough to have friends to live with in the interim, but many of my classmates were not so fortunate. Not only did many students not have a place to stay, many had lost every one of their personal possessions. The

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Medical Student Newsletter

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A Flood of Fear, *continued*

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transition to rotations in completely new locations was certainly not seamless. Because we lost our main teaching facilities, we improvised during my Psychiatry rotation by traveling to local shelters and assessing mental health needs. After all, these displaced New Orleanians were our patients and we were to try to meet their needs in an entirely different city.

Over a month after the storm, I was finally able to return to my home in New Orleans, and as we drove into the city I had trouble absorbing the magnitude of the devastation. Everything seemed so unfamiliar; it did not resemble the city I had come to know and love over the past two years. There were ruined cars overturned in the medians, ancient oak trees ripped from the ground, and everywhere you looked you could see Katrina's ugly signature – the stain left from the flood waters as they rose to obscene heights all across the city. There in the

aftermath of Katrina the fear began to set in, and it was unlike anything I have experienced to date; it was the fear of uncertainty, and it was overwhelming. The doors of Charity Hospital were boarded shut and our school and other hospitals had suffered serious damage. Though our classes and rotations were back in session, I am acutely aware of the difficulties that lie ahead for us.

I began a new rotation in a different city the following week, and as the days passed, I began to appreciate what had happened following Katrina. In that moment I saw LSU medical school for what it was – a gathering of some of the most dedicated, creative, and generous people I have ever known. Within a matter of weeks, the school had undergone a transformation from a fixture in the landscape of downtown New Orleans to a mobile network of students, faculty, and staff spread across an entire state. All of this was possible because of the perseverance of the people who comprise our institution. This is not to

say that these changes have been ideal, but we have done the best to adapt.

It is this ability to adapt that represents the essence of LSU medical school and our public hospital system. Our training has always revolved around the notion of providing care to the underserved, doing the very best with the resources at our disposal and, most importantly, using ingenuity to face any problem imaginable. The state of Louisiana, as well as the entire Gulf Coast region, has suffered unbelievable loss, and the city of New Orleans is still far from rebuilt, but we do our best to remember the motto of Charity hospital: "where the unusual occurs and miracles happen." In doing so, we look forward to a better day. Though we know that the fear of uncertainty will never disappear, we can at least rest assured that we have done our very best to keep the spirit of our institution alive.

Ann Long is a 3rd year medical student from LSU School of Medicine—New Orleans.