
SPECIALTY REPORT

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From the Chair: James B. McLoone, MD

Dr. James B. McLoone is the Chair of the Department of Psychiatry at the University of Arizona College of Medicine - Phoenix. He is board-certified in Psychiatry and Geriatric Psychiatry, a Distinguished Life Fellow in the American Psychiatric Association, and is a recipient of the Howard E. Wulsin Excellence in Teaching Award by the Arizona Psychiatric Society.



How has your journey through medicine led you to this point in your career?

I come from a family of physicians; both my father and grandfather were Ear Nose and Throat physicians in Phoenix. I knew from a young age I had an interest in medicine, so I went to the University of Arizona for my undergraduate pre-medical studies and majored in Zoology and Psychology before attending George Washington University School of Medicine and Health Sciences. I went into medical school without having much exposure to Psychiatry, but it was a field I felt drawn to. In the summer of my first year of medical school, I had the opportunity to participate in some Psychiatry clinical research, which furthered that interest. Even so, I kept an open mind through my clerkships and loved many of them. I ultimately chose to commit to Psychiatry and pursued a residency at the University of California at Los Angeles, which was considered the premiere training program in Psychiatry at the time. After finishing my residency, I came back to Phoenix and soon jumped into the role of Residency Director at Good Samaritan – now Banner University – Hospital and had the pleasure of serving in that position for nearly 35 years. I found that I very much enjoyed medical education, so when the University of Arizona College of Medicine approached me to help tailor clinical

experiences for their medical students in Phoenix, I was more than happy to participate. Especially now that the College of Medicine – Phoenix has achieved separate accreditation, I am very fortunate to be involved in both our clerkship and residency programs.

What do your responsibilities as Chair entail?

There are the overarching responsibilities of high quality clinical care, education, and scholarship. I've always been a believer that if the quality of clinical care is top-notch, residents and medical students exposed to that culture will certainly benefit. Excellent medical education goes hand-in-hand with excellent clinical care, and my main goal is to provide that experience to our students, residents, and patients. As Chair, another primary task is to help orchestrate the concerted effort among our clinical and basic science faculty, our hospitals and clinics, administration and our students and residents. We have been very fortunate in fostering an alignment of the College of Medicine with our clinical partners in metropolitan Phoenix and beyond. We are also developing subspecialty fellowships and graduate degree translational neuroscience research programs. These types of efforts will help solidify our identity as a contemporary academic department.

Do you practice as a clinician in addition to your Chair responsibilities? Yes, I am still actively involved in clinical practice. I was drawn to Adult Psychiatry and Psychopharmacology early on, and I began my career working in inpatient settings. There, I saw the most acutely ill patients, as is often the case in medicine. As I became more involved with administrative responsibilities as Residency Director and Clerkship Director and now Chair, I transitioned to outpatient practice because it is easier to manage my schedule. Now I see many similar illnesses as in the inpatient setting, but the acuity of symptoms is different and I get to help in the lifelong management of patients' symptoms.

Can you comment on psychotherapy treatment versus pharmacological treatment? The training of Psychiatry includes in-depth training in both psychotherapy and pharmacological treatments, and most clinicians will use a combination. There are those who gravitate towards one or the other, and this largely depends on the patient's symptoms. Patients with more severe symptoms will likely require pharmacological treatments to stabilize them, while patients who do not have such severe symptoms may respond just as well to psychotherapy. All in all, I've found that patients do better with a combination of the two methods. It is also not unusual to have a team approach to treatment; nursing care, family counseling, support groups, and therapy sessions can all assist patients on the road to recovery.

How do you believe the field of Psychiatry has progressed since you began your career, and how will it continue to change in the future? There is better classification of diagnosing patients with psychiatric syndromes than ever before, which is incredibly important in their management. There are newer, safer, and more effective

treatment options for our patients. Though medication side effects are still a concern, they are much less so than a few decades ago. There are also better and more refined psychotherapy treatments in addition to or instead of pharmacological ones. In the future, I'd like to see a true biological understanding of what causes psychiatric disorders. Current medications are very helpful, but I strongly believe that there is something more at work underneath the illnesses than just neurotransmitters. We have some understanding of the biological basis of psychiatric illnesses, but we need to get to the core of the disease process to better treat our patients and give them a better quality of life.

What qualities do you believe are important in those who hope to pursue Psychiatry? I think that the next generation of physicians are very bright, energized, and hard-working – qualities important for all of medicine. They're willing to ask questions, consider alternatives, and be creative in their approaches to medical care.

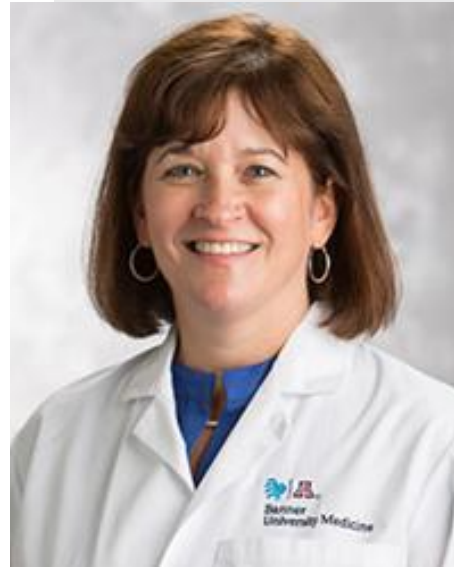
"I believe patients will be better served if you have a natural inclination to be genuinely interested in people."

Specifically for Psychiatry, I believe that patients will be better served if you have a natural inclination to be genuinely interested in people and are willing to ask the next – sometimes uncomfortable – question. So much of the treatment process is built upon trust, so being comfortable being with people, especially when they are not always at their best, is also important. And lastly, be mindful of personal wellness. Medicine is an intimate field often wrought with stressful human dilemmas, so sometimes it's easy to lose that personal balance. I think that each generation gets better with this, but don't forget to balance taking care of patients with your own personal wellbeing.

- Maggie Xiong, MS1

Program Director: Andrea Waxman, MD

Dr. Andrea Waxman is the University of Arizona College of Medicine - Phoenix Psychiatry Residency Program Director and Director of the Consultation-Liaison service at Banner-University Medical Center, Phoenix. Dr. Waxman attended Ohio State University for her undergraduate education in Biology (major) and English (minor) and received her Medical Degree from Ohio State University. Dr. Waxman completed her residency in Psychiatry at Banner - University Medical Center, Phoenix



What drew you to medicine and the field of psychiatry in specific?

When I decided to go to medical school I had no idea what I wanted to do. I also had no previous exposure to psychiatry, so it wasn't even a field I had considered initially. When I looked back at my experiences with psychiatry in my first two years of medical school and my clinical rotations, it became very obvious to me that this was the right field for me just based on my personality and interests. I think that my ultimate decision to pursue psychiatry ties back to me being an English minor. I always enjoyed reading and listening to stories and the field of psychiatry allows me to explore who my patients are and how they deal with their illnesses on a much deeper level. This was the distinguishing factor between psychiatry and other specialties which ultimately drew me to the field.

What traits do you believe contributed to your overall success? Overall, I think you really have to want to do this type of work in order to be successful in the long-term. A lot of people underestimate how hard the work is because psychiatry isn't as physically demanding in comparison to fields such as surgery; however, dealing with the emotional side of patient care can be very

difficult. To be successful, you have to be curious about people and you have to possess the desire to spend more time with your patients. The more challenging aspects of the field include finding the right therapies for patients and oftentimes we have to try out certain therapies for months to determine whether they are effective. So, being incredibly patient and supportive as a physician is very important in this field because successful therapies in psychiatry usually take a long time and patients can get very frustrated during the process.

What recommendations do you have for current/future third-year medical students to succeed in their rotations? I always tell students to take advantage whenever they are given the opportunity to see patients independently. Patients will usually teach a student about the symptomatic presentation of their illness, so the more time a student spends with them the better idea they can develop about the way certain illnesses present. Textbook descriptions of an illness often do no justice to the real-life experiences of a patient. Ultimately, we look for students who are engaged with their patients and we try to incorporate them as part of our team to the best of our abilities.

What future challenges do you believe will the field of Psychiatry face? We don't really know how the field is going to be affected by the continued healthcare reforms. When our previous healthcare system was reformed years ago, it was actually very beneficial for the field of psychiatry because of the recognition that access to psychiatric services should be promoted. However, no one can predict whether future reforms will lead to the same benefits or possible set-backs. Additionally, there is continued growth for the need of psychiatric services that is currently not being met due to small numbers of psychiatrists available to fill that void. Phoenix has always been underserved when it comes to psychiatric services and we aren't graduating a sufficient number of people to fill that need.

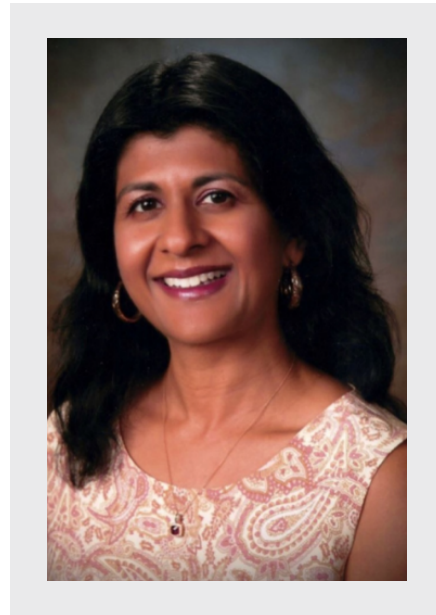
- Rand Hanna, MS1

Clerkship Director: Devna Rastogi, MD

Dr. Devna Rastogi completed her medical school and residency in Psychiatry at Washington University in St. Louis. Upon completion of her residency, Dr. Rastogi took on a faculty position at Washington University as Associate Professor of Psychiatry. Dr. Rastogi now currently enjoys the position of Clinical Site Director for our Psychiatry Clerkship at MIHS.

What was your background going into medical school and where did you do your training for medical school and residency?

During the same time I was in high school in Little Rock, Arkansas, my brother and sister were in college at Washington University in St. Louis. They told me about a medical program at Wash U called the Scholars Program in Medicine (SPIM). SPIM was an 8 year program where you are admitted to Washington University as an undergraduate and then automatically admitted to the medical school. I



applied and was accepted in to that program. So I went to Washington University for my undergraduate and medical school and also stayed on for my residency in Psychiatry. Upon completion of my residency, I stayed on as faculty for the next 15 years and worked up to the position of Associate Professor of Psychiatry, until I moved to Arizona 7 years ago.

Did you know early on that you wanted to go in to Psychiatry? Were you considering any other specialties? I didn't know in first and second year of medical school what specialty I would go into, but psychiatry was my first rotation of third year clerkships and I just immediately knew it was what I wanted to do. It basically clicked for me in that I knew it was something I could do and enjoy doing every day. I was so excited, I went and talked to the residency program director and he said "Oh, everybody loves their first rotation of third year...if you are still interested, come back and talk to me". I was interested in my other rotations, but nothing spoke to me quite like psychiatry did. A lot of it was just me feeling very rewarded by the practice of it and noticing that the residents and attendings were similar-minded people.

Did you have a mentor as a medical student or resident? If so, what sort of advice did you receive from your mentor that you found most helpful?

In residency you always find those professors that you work with that you are in awe of. You respect them in terms of their intelligence and clinical acumen and then you try and model yourself after them. I had a few of those who helped guide me.

Which aspects of psychiatry influenced you the most when it came time to decide upon a specialty?

Psychiatric patients get such poor care in general because their psychiatric illness is seen as the primary issue, as if they have no other medical problems. I really saw myself as being their advocate and functioning as their primary care doctor and a champion for their issues. When you take care of a psychiatric patient, you take care of all of their issues –their medical, psychiatric and social issues. During your very first assessment, you are trying to sort out the medical issues they have that aren't being addressed and what their psychiatric issues are. Discharge planning needs to begin on that very first encounter. You consider whether they have a place to go. If they don't, while you are trying to stabilize your patient medically and psychiatrically, you are also working on making sure they have a safe place to go when they leave. Sometimes, that is almost the only change you are making. You may only be tweaking medications or getting them back on their medications. But you are making a difference in their disposition and putting together a discharge plan. It can make all the difference for the patient and for their family.

What do you enjoy most about psychiatry?

There is never a dull moment! There is nothing more fascinating than people and how their brain works. How they think affects their

behavior. People are always interesting and, more often than not, surprise you. Often patients have gotten off track and we are able to help them get back on track so they can achieve their best in all realms of their life. There is nothing more rewarding than that. When patients suffer, so do their families. So relieving our patients suffering is helpful to many people at once. At Desert Vista we do court ordered treatment. So, I'm used to dealing with the population that really doesn't have insight into their illness. They don't realize how sick they are. They come in very ill and are often forced to take medications they don't think they need. You can probably imagine that's not the best relationship at the very

"I stress [to students] that if they can interview a psychiatric patient, they can interview anyone and honing those skills is important."

beginning, but 99.9% of them are actually thankful by the time they leave. They are thankful that we were able to help them. I tell my patients that the circumstances that brought them in the hospital were bad, but

by the time they leave, most people are very happy that they were helped and have a good plan to stay on track moving forward.

What do you find most challenging about psychiatry?

I've always done inpatient work. I had a brief period of time where I had a small outpatient private practice. But mostly my passion is inpatient work with a very ill population. I've always said we can only be as good as our outpatient counterparts. It doesn't matter what we are doing in the hospital, if on the outside it's all going to fall apart. The challenge is coordination of care and making sure that the inpatient vision and plan is actually going to be carried out in the outpatient setting. Certain patients need an extra level of support on the outside and others not as much. It is important to make sure you are able to tap into the appropriate resources for those who need it.

Can you describe your role as the clinical site director for the psychiatry clerkship at MIHS? I consider my job as Site Director as helping medical students who rotate through psychiatry understand how to approach psychiatric patients and what the unique challenges are. I want them to see what a great specialty it is and how absolutely rewarding it is. I always tell students “most of you will not go into psychiatry, but I want you to be comfortable with psychiatric patients”. I stress that if they can interview a psychiatric patient, they can interview anyone and honing those skills is important. I want them to learn how important it is for students to understand when it is appropriate to get a psychiatric consult involved, because they are going to take care of psychiatric patients no matter what specialty they go in to. I want them to be comfortable interviewing psychiatric patients so they can separate the psychiatric symptoms from the other medical symptoms.

Given your role as clinical site director, what advice can you give to incoming third year medical students on what to expect during their psychiatry rotation? I would tell them that they are going to have more fun and be more excited than they would expect. They will be on a steep learning curve into the workings of the human mind and behavior. Something is wrong if they are not enjoying themselves, because like I said, there is nothing more fascinating than people. There is no way you can't be moved when you see these patients drastically improve. As I mentioned, there is nothing more rewarding. There is no way to not be excited about that.

How can students get the most out of their psychiatry rotation and best prepare for success? I always tell students that you are going to get the most out of this rotation the more you put in to it. We have issues of safety in an inpatient psychiatric facility, especially like the one where I work where the acuity is so high. But as soon as you feel safe, you should try seeing patients on your own. Try to spend time with and interview the patient. Also, try getting collateral information.

For example, sometimes a patient's account of what is going on and what is actually going on are two different things, since the patient may not always have the best insight. It is really important to get collateral information from family members, or previous hospitalizations as it sometimes completely changes our approach and management. Being that person who helped get that crucial information helps them realize they are a valuable part of the team. What could be better than that?

– **Andrea Fernandez, MS1**

Parting Thoughts

“It is really important to get collateral information from family members or previous hospitalizations, as it sometimes completely changes [patient] approach and management. Being that person who helped get that crucial information helps [students] realize that they are a valuable part of the team. What could be better than that?”

- Dr. Devna Rastogi

Physician-Scientist: Amelia Gallitano- Mendel, MD, PhD

Dr. Amelia Gallitano-Mendel is an Associate Professor and physician-scientist here at the University of Arizona College of Medicine - Phoenix. Her lab investigates the molecular mechanisms underlying the dual genetic and environmental risk for neuropsychiatric illnesses like schizophrenia and mood disorders. She received her MD and PhD from the University of Pennsylvania and completed her Internship and Residency in Psychiatry at Columbia University and New York State Psychiatric Institute. Dr. Gallitano-Mendel then completed a post-doctoral fellowship in molecular neuroscience and psychiatric genetics at Washington University School of Medicine.

What attracted you to medicine?

I first got interested in Neuroscience in high school taking an AP biology course. I read an article on sleep and dreaming and in the article it talked about how the contents of your dreams might be affected by your physical state. I thought it was so interesting, that something physical was manifesting in your thoughts and dreams. I knew when I went to college I wanted to participate in research, which I did at the University of Chicago. I was potentially interested in medical school, but I ended up taking my pre-med classes pretty late, so I had a year off before medical school. In that year I did research at McLean Hospital in Boston, which is one of the very old psychiatric hospitals, and really enjoyed it.

How did you decide MD/PhD and ultimately Psychiatry? I applied to MD/PhD programs, because at the end of college I debated do I want to just do clinical or just do research, and this path left both options open. I went to medical school at the University of



Pennsylvania and at the end of medical school, I was again faced with this decision to go straight into the lab or do I want to go into a residency program. I had originally been

“Passion is the most important thing, it is what gives you the energy and the drive to accomplish things.”

interested in Psychiatry, but when it came time to apply to residency, I decided to apply in Internal Medicine, which provided the opportunity to “short track” into a fellowship, and be back in the lab after only 3 years. However, during interviews I had misgivings as I contemplated a career trying to practice medicine while doing predominantly research. Medicine is so broad, I was uncomfortable with the idea that I would not be able to maintain expertise in my clinical work if I was attending on the wards only one or two months a year. When I had the opportunity to speak with Eric Kandel he said “no, no, no, don’t go into medicine, MD/PhD’s are a dime a dozen in medicine and neurology. Go into Psychiatry and

you'll be a big fish in a small pond," and I think he was right." I think Psychiatry is one of the most exciting fields of medicine in terms of being the one where we have the biggest discoveries to come. We really don't understand how the brain works. We are barely just learning the alphabet, rather than speaking the language fluently, in terms of our mastery of understanding how the brain works. Psychiatry is dealing with the cool concepts of the mind, creativity, cognition, and personality. We have no idea how all of these things are dictated biologically and physiologically. I also think it is a very satisfying career clinically because every patient is so unique, and every person has his/her own story. It is also a great specialty if you want to do something else like research, because it is more focused. I feel a lot of what you learn is how to interview patients and understand personalities and behavior, and those are things that you can carry with you throughout your career. I felt it was a specialty where you could maintain a high quality of expertise and care for your patients while still doing predominantly research.

"We really don't understand how the brain works. We are barely just learning the alphabet, rather than speaking the language fluently."

Do you still practice clinical medicine? How do you balance clinical medicine and your research? I practiced up until very recently. For about 9 years I was at the VA in their PTSD clinic. I was there about 10% of the time. My focus has always been predominately research, because if you do basic science research, you can't do it well (in my opinion) unless you do it the majority of the time. Particularly now that is has gotten so incredibly competitive to get

"I think Psychiatry is one of the most exciting fields of medicine in terms of being the one where we have the biggest discoveries to come."

grants. Today, it takes this huge amount of time to just get funding and only about 5% of grants will get funds.

Describe your efforts as a basic neuroscientist investigating schizophrenia? I study genes that are activated in the brain in response to events in the environment. These genes are called immediate early genes and are in a class called activity dependent genes. The genes are triggered by calcium influx, so when neurons depolarize due to an environment trigger, these genes will turn on and can be detected within 5 minutes of the stimulus. We have found that these are dysfunctional in many mental illnesses. I hypothesized early on in my post-doc that they could potentially explain the dual genetic and environmental risk for mental illnesses because all mental illnesses are determined by a combination of the two that we don't really understand yet. As the field progresses, we continue to get more and more support for this hypothesis, which is pretty cool. We currently have a translational study where we have taken our findings from our animal studies and applied it to humans. We got a grant that is allowing us to test our hypothesis that we could develop a biologically based diagnostic test for schizophrenia. It took us a long time, and multiple IRB approvals, but we are just finishing our pilot group to determine the correct dosage. Then, we will go onto the cohort of cases vs. controls. It is still pretty early in the process, but we have taken a long time to get to this spot, and are excited for the future.

How is your lab organized on campus? I have a lab manager, 1 post-doc fellow, 1 full-time graduate student and a bunch of undergraduates. We have a range of different trainees. In science, part of the goal is obviously to get to the end product, but also a major goal is to train the next generation.

Do you have any advice to students, particularly MD/PhD students? Would you like to offer any parting thoughts? It is really important to do something that you are passionate about because your career is long. For the MD/PhD students I will say don't worry about feeling like you get behind. By the time I finished my post-doc and got my job here, my colleagues from medical school had been in practice for a decade. In some sense I was way behind them but in another sense, some of them were maybe not so excited about what they were doing anymore. As long as you're doing what you love the whole time, it doesn't really matter. For the medical students, make sure to choose something that you love that can keep you interested all of those years. Don't just pick it because it is more stable or more lucrative, because if you don't love it now, it is going to be painful in ten years. Passion is the most important thing, it is what gives you the energy and the drive to accomplish things.

– Nicole Segaline, MS1

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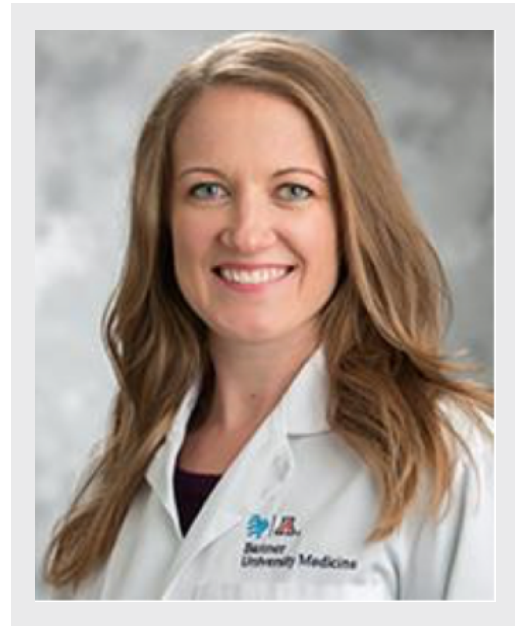
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Mission Statement

The purpose of the Psychiatry Interest Group at the University of Arizona College of Medicine - Phoenix is to expose students to the field of psychiatry. In working to accomplish this goal, we will hold events including lunch presentations on psychiatric topics and discussion panels featuring physicians and mental health professionals. We also aim to increase awareness of the importance of psychological aspects in many non-psychiatric illnesses through interactive movie screenings and volunteer activities.

Alena Petty, DO

Dr. Alena Petty attended medical school at the Arizona College of Osteopathic Medicine before completing her Psychiatry residency at Banner University Medical Center-Phoenix. Dr. Petty is now a member of our full-time faculty at BUMCP where she supervises and teaches our Psychiatry Clerkship students and Psychiatry Residents on our Adult Inpatient Unit. She also serves as the Psychiatric consultant in the recently developed Collaborative Care Program with our UACOM-P colleagues in Family and Community Medicine and Internal Medicine at BUMCP.



What was your path to psychiatry?

I started medical school with an open mind, not sure of what I wanted to do. I considered pursuing a career in addiction medicine when a family member relapsed after we thought he'd easily stay sober following a huge medical ordeal. I found that most people entered addiction fellowships then after residency in psychiatry, so I started my third-year psychiatry rotation just hoping I would like it. I ended up enjoying it so much that I didn't want to limit myself to work in addiction only. The first thing that captured my interest was working with patients with schizophrenia. Prior to my psychiatry clerkship, I had never encountered a person with schizophrenia. It was amazing to see how treatment could so quickly help people and improve symptoms.

How was your experience as a psychiatry resident at BUMCP? I did psychiatry rotations everywhere I could as a fourth-year medical student. Even though it's a big hospital, my experience at Banner felt like I was part of a family. I felt a strong connection there, and that was really important to me in choosing a residency program, since I knew I'd be spending so many hours there. I had a great experience in residency, made lifelong friends, and learned more than I realized. When the opportunity

came up to come back to Banner as faculty, I just couldn't resist.

What are the differences between inpatient and outpatient psychiatry? Inpatient psychiatry is often immediately gratifying. We meet patients in their hardest times, such as with severe depression, after a suicide attempt, or with psychotic symptoms, and after about a week of intensive group therapy and medication changes, they are often well enough to go back home. In the outpatient setting, it's very rewarding to be able to get to know your patients on a deeper level. They trust you with the most intimate aspects of your life, and that is pretty special. Right now, at Banner, I am fortunate enough to spend time in both settings.

What are your favorite aspects of psychiatry? It's always rewarding to see patients improve and find meaning and enjoyment in life again. In any specialty, it can be easy to get bogged down with administrative tasks, but I find that when I am in an office, face-to-face with a patient, the paperwork doesn't seem to matter, and I am reminded why I do what I do.

What are difficult aspects of psychiatry?

It's always a challenge to not bring it home, especially when working with patients with severe depression or extremely difficult social stressors like homelessness, unemployment, or disability. There was a point in my career when I was working only with patients determined to have a serious mental illness, so I made it a point to look at my schedule at the end of each day to focus on a success story. That intentional effort made it easier to answer "how was your day?" with positivity and honesty, and that's been important for my own wellbeing.

What are common misconceptions about psychiatry?

I think some of the most troubling misconceptions are that people can just "snap out of it" when they are depressed or "just relax," and this doesn't help the stigma of mental illness or treatment when people are told they should be able to handle it on their own. Another common misunderstanding is related to dismissal of a psychiatric diagnosis when it presents with a substance use disorder. In reality, substance use can exacerbate a preexisting psychiatric disorder in the same way that stressors do. Quite often an underlying psychiatric illness actually precipitates or perpetuates the substance use. We should be empathetic and understanding when working with patients to find ways to help them be successful. It's often not as easy as just eliminating the substance; we need to identify and address underlying issues that may be contributing to substance use.

What principles of psychiatry would you hope that every physician would incorporate into their practice?

It's important to know that mental illness does not discriminate. No matter what specialty you go into, you will encounter it. People with mental illness often get inadequate care or feel like their concerns are dismissed because they have this "label." On a similar note, we as physicians must realize that we are equally susceptible. We hear a lot about physician burnout, even physician suicide, and we must take care of ourselves before we can adequately take care of anyone else.

Where do you see your career going from here?

Recently, I have been involved in starting a new Collaborative Care Program at Banner that brings together Psychiatry with Family

Medicine and Internal Medicine. This program involves a care manager to increase patient engagement in treatment, and a psychiatric consultant to assist with medications, while allowing the patient to continue receiving care in a primary care setting. This new Collaborative Care Program here is only about one month old, so hopefully in 5 years we will be the Arizona experts for this

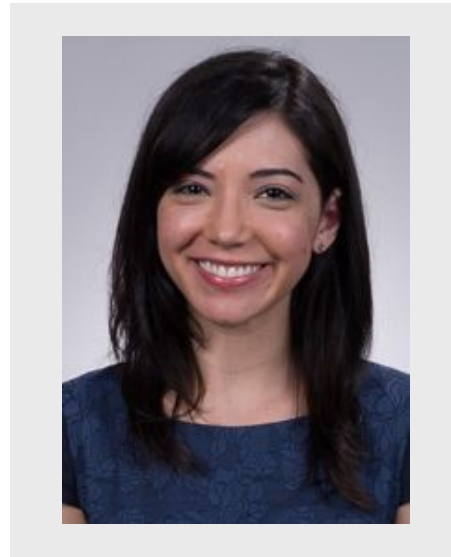
model of care. Banner has a lot of primary care clinics where we could provide a lot of education and training to improve access to mental health care for many Arizona residents.

"We as physicians must realize that we are equally susceptible [to mental illness]. We hear a lot about physician burnout, even physician suicide, and we must take care of ourselves before we can adequately take care of anyone else."

– Tanner Ellsworth, MS1

Recent Graduate: Arielle Rubin, MD

Arielle Rubin, a recently graduated medical student from the UACOM-P, will be beginning her Psychiatry residency at UT Southwestern in Dallas, TX. Arielle is interested in Child and Adolescent Psychiatry and Cultural Psychiatry. Arielle received her B.A. in Art History and a minor in Spanish before attending medical school.



When and how did you become interested in Psychiatry? Did you have any specialties that you were considering as a close second to Psychiatry? I came into medical school wanting to do psychiatry due to my family background – my dad is a child psychiatrist and I have a special needs brother who benefitted from psychiatry, so I got to grow up with it and see the holistic mental health approach. Yes, you get to provide medications but there’s also a lot of therapy and social care coordination, so that seemed more fun than any other specialty. My brother has autism so I knew that I wanted to work with special needs kids as my patient population, so I also considered child neurology and developmental pediatrics. I shadowed in all three of these fields and I liked psychiatry best. In child neurology you have to work with adults during training, and in developmental pediatrics you have to work with non-special needs kids, and I found the psychiatric issues were the ones that interested me the most.

Did you have any mentors or experiences during your path that helped solidify your interest in Psychiatry? Aside from my family mentors, my SP mentor, Dr. Francisco Moreno, really played a big role. Two of my biggest interests are developmental disabilities or special needs and social justice in medicine and healthcare disparities, which is a really big thing in psychiatry. Cultural psychiatry is its own field, and you don’t really see a cultural or liberal arts focus in many other specialties. Dr. Moreno worked in social justice

psychiatry and border health psychiatry, where he did psychiatric evaluations of refugees so they could get asylum status. In my scholarly project we evaluated risk factors for depression and PTSD in Latina immigrant women who had crossed the border and experienced trauma. This work showed me the relationship between determinants of social policy and healthcare, and how both of these affect populations that are sometimes forgotten about in medicine because they don’t seek medical help. Dr. Moreno used his own culture and action to help patients that are normally scared of psychiatry. He was so smart and biologically based in his approach, and he’s just one of those people that you’re like “I want to be like you one day.”

What did you do to prepare for residency applications? There were certain things that I knew I wanted to have on my application. With my cultural psychiatry interest I knew I wanted to do a global away rotation and I wanted to be able to discuss this in my residency interviews, so I scheduled this earlier in my fourth year. I found an international medical student association group and I did a student exchange program in Spain– it totally changed my perspective and I loved my experience. I also set myself up early with a mentor, a Dean in Tucson, who is prominent in academics.

Research and leadership experience are really important, so I published papers in a few different fields (not just psychiatry), and a few classmates and I started the Latino Medical Students Association. Away rotations are also huge and I knew I wanted to match out of state. I did two away rotations and one 2-week observership because I couldn't fit another one in my schedule. I really wanted to have a presence, show interest, and make myself known. I ended up matching at one of the places where I did my away rotation.

What advice would you give students considering a future in Psychiatry? DO IT! I have met a few physicians that transferred into psychiatry from another specialty, but I have never met anyone that transferred the other way. I didn't appreciate the lifestyle portion as much until recently – if you want to have time to do hobbies and spend time with family, psychiatry is one of the few wellness-oriented specialties. If you're interested in liberal arts, social justice, or humanism, psychiatry people are your people. If you want to work with really vulnerable patients, psychiatry is such a special opportunity. I feel like I've become a better person because I'm applying psychiatric principles to my own life, so I feel like a happier, more holistic person that can handle a lot more in life. I haven't met any psychiatrist that doesn't love their job.

– Bryce Munter, MS1

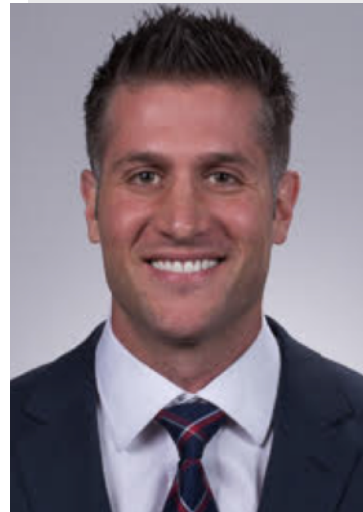
Stigma Around Psychiatry

"A lot of people in the medical community don't respect psychiatry and don't associate it with an identity as a physician. When Nate came to me to talk about the stigma, I just reminded him that it doesn't matter what they think because you get to have a really fulfilling job, then you get to go home and enjoy your family and you have the best of both worlds. The stigma of mental health stops a lot of people from considering psychiatry, so my advice is to be your own person and if you're interested, don't let that stop you. You'll help so many people and your colleagues that really know your value will make you feel valued."

- Arielle Rubin

Recent Graduate: Nate Jones, MD

Nate Jones, a recently graduated medical student from the UACOM-P, will be starting his Psychiatry residency at Banner University Medical Center in Phoenix, Arizona. Nate is interested in Child and Adolescent Psychiatry or Sports Psychiatry. Nate received his B.S. degree from University of Phoenix and his MBA from Grand Canyon University, where he then worked as a Director of Operations for 10 years.



When and how did you know you were interested in Psychiatry?

All throughout medical school I was interested in surgery subspecialties, but I went into my Psychiatry rotation really hoping that I would be interested in it. I have a wife and four kids, so, to be honest, I wanted a lifestyle career, and surgery generally doesn't fall into that category. I was also the guy during first and second year doctoring classes that struggled with time because I loved to talk to the patients and connect with them more deeply than was really necessary in a doctoring setting. During my psychiatry rotation, I was fortunate enough to have great residents and attendings and a phenomenal clerkship director, Dr. McLoone, who had a lot in common with me in terms of family and life goals. I enjoyed not having to watch the clock while I was interviewing patients.

What did you do to prepare/what do you wish you would have done differently in the first three years of medical school to prepare you for now? I decided on Psychiatry at the very end of my third year and I was very focused on staying here in the valley, so the biggest thing I did at that point was to start building relationships with the residents at Banner and with Dr. Waxman, the residency program director. Banner and Maricopa are the only two programs in Phoenix, so I made sure I did well in my rotation with Banner and then as soon as I had the opportunity to do so I signed

up for a rotation with Maricopa so I could compare the programs. Maricopa is an involuntary unit, so I got to treat patients that were really sick, whereas Banner is a voluntary unit so the patient population is a bit different. Because I enjoyed Banner so much, I actually did a second elective with them during my fourth year, so I think that really set me apart from the other applicants. I also did an away rotation with the University of Washington, which gave me more of a feel as to what the need is for psychiatrists and also allowed me to see what kind of career potential I have.

What advice would you give students considering a future in Psychiatry? What was your experience with Residency Interviews? Build good relationships. Psychiatry is so much less competitive than a lot of the other specialties. Anything you do to set yourself apart is going to be beneficial, but what I gathered during my interviews is that they really just want to know that you are going to be a cool person to work with. They want to be able to trust that you are not going to wreak havoc on their program, that you're going to be consistent on coming to work, and that you're going to get along with other people. I felt like my psychiatry program interviews were very laid back. In surgery, my classmates said it was a lot more grueling and they were asked tough questions during the interview, and the most

difficult question I had was to recount an experience with a patient that was impactful. Everything else was about my hobbies and about my family and about the program, so it was much more laid back. It's just about building relationships then deciding where you want to spend those four years.

Did you have one specific patient or experience that ultimately made you decide on Psychiatry? There was no one specific patient in particular. I feel like throughout the day in psychiatry you are meeting with patients who are experiencing things that just don't make sense. You hear stories that are unbelievable, but it is real for the patient. Just hearing those things throughout the day is entertaining and fun, but also seeing those patients realize that their experiences are not necessarily normal is fascinating.

– Bryce Munter, MS1

Stigma Around Psychiatry

“There is a certain pride aspect of choosing a specialty and even during the first few weeks of my rotation I wasn't convinced Psychiatry was for me. The thought of being a surgeon is 'sexy' in medicine, and when I told people that I'm going to be a psychiatrist their first response was 'you have to go to medical school for that?'. I remember talking to Arielle about it, and it took me a few weeks into the rotation to decide that this was something I wanted to do. Lifestyle is so important even though we don't talk about it all that much, so my advice is to really think about what you want your life to look like before crossing psychiatry off the list.”

- Nate Jones

A Conversation with Recent Graduates: Wei Chen, MD & Erin D. Nelson, MD

What led you to pursue psychiatry over other specialties?

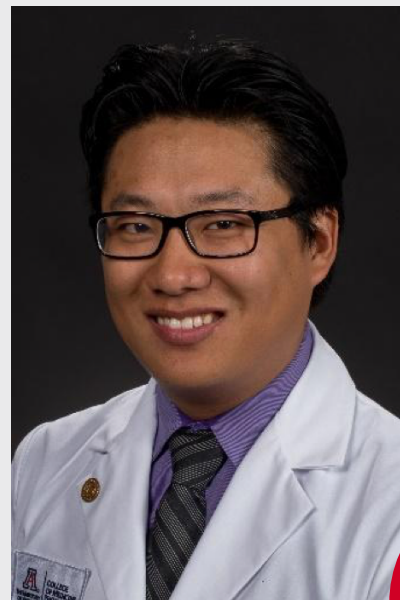
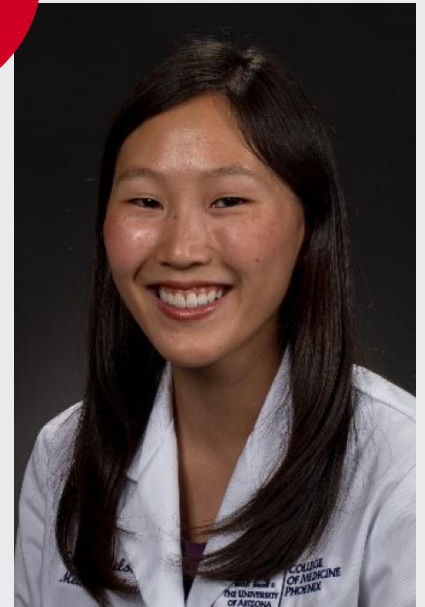
Wei: Before I started medical school, I used to work at Banner Alzheimer's Institute so I had a lot of exposure to psychiatrists and psychologists, but I wanted to start medical school with a blank slate and expose myself to every specialty. Then I got to my third year psychiatry rotation and everything just clicked – I really meshed well with the attendings and the patients were super interesting. I was also lucky enough to experience a patient truly getting well and changing his life trajectory, and that experience was inspiring.

Erin: I came to medical school having no idea what I wanted to do, but as I went through my first two years I leaned more towards primary care. Wei's enthusiasm about Psychiatry actually inspired me to consider it as a specialty. From a patient care perspective, I loved that you really get to know a lot of details about your patients because they trust you with a lot of really personal information. I liked the pace because we spend more time with patients and ask those questions that really represent the whole person. I also saw patients that had a complete turnaround and I realized how big of a difference I can make in their lives.

How did your medical school experience impact your decision?

Wei: Aside from clerkships third year, we had an incredibly cool lecture from a forensic psychologist, Dr. Erin Nelson, towards the end of second year or during third year. We discussed real patients that were acutely

Erin D.
Nelson, MD



Wei Chen,
MD

psychotic prisoners who committed severe crimes. The whole talk debated if these patients are truly psychotic and if so, how do we restore them to competency so we can try

them for the crime they committed. It showed us that there are so many different avenues of practicing medicine in psychiatry.

Erin: There was also a motivational interviewing module in Doctoring that I really enjoyed, where we learned skills to help patients make decisions for themselves. Learning those skills is applicable to many specialties, but since our patient interviews are so much longer I find myself practicing these skills every day.

Where are you in your process (resident, attending physician)? What is your experience thus far as a psychiatry resident/physician?

Erin: We are both finishing our intern year at Maricopa Medical Center. To be honest, I still think it is awesome. I am so happy with the specialty. I think it was the right specialty for me. It's a tough year, but intern year is a tough year in any specialty you choose.

Wei: In psychiatry, the patients are great and we are generally just a happy group of people. Our patient load is lower than other specialties, but each patient is more emotionally and mentally draining than you would see in a different field. Because of that, it is really nice to have time off to take time for yourself and understand your own mental state and that time balance becomes so important.

What advice do you have for medical students when it comes to choosing a field?

Wei: Don't choose a field simply because you like the lifestyle or because you think it would be "cool." Experience it, talk to the residents, and make sure you personally feel "at home" when you go to work every day. It is so important because residency is quite a few years of your life, but when you are done with residency, you are doing that specialty for the rest of your life. Make sure that it is something you are happy doing rather than a specialty that you think you should be doing.

Erin: My advice is to think about your goals outside of work. These goals are not necessarily a reason to pick or not pick a specialty because if you love your job you will always make it work, but it is really important to think about the parts of life that we don't talk about that much – work/life balance, salary, career advancement, work flexibility. Psychiatry is so great in this regard, and there are so many different paths you can take. You can work inpatient, outpatient, in emergency settings, even in forensics, so that gives you a lot of flexibility to choose your own career path.

Can each of you tell a fun fact about each other?

Erin: Wei is a Dance Dance Revolution champion! He used to compete in DDR competitions before starting medical school and he placed 10th or 11th in a national competition. It was so serious that he now has osteoarthritis in his knee!

Wei: Erin is a phenomenal baker! She also just got married and adopted a dog. Actually, between the two of us we have accomplished every major life goal – finishing school, getting married, adopting a dog, having children, buying a car, buying a house, starting a family, and adulting (finally getting paid after not having any income for four years)!

– Bryce Munter, MS1

STATS TO KNOW

Psychiatry (Categorical) Match Summary, 2018

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
256	1,556	7	2,739	982 : 1,540	63.1 : 99.0	11,428 : 17,832

Summary Statistics on US Allopathic Seniors, 2016

Measure	Matched (n = 737)	Unmatched (n = 78)
Mean number contiguous ranks	9.6	5.6
Mean number distinct specialties ranked	1.1	1.3
Mean USMLE Step 1 score	224	214
Mean USMLE Step 2 score	238	226
Mean number of research experiences	2.5	2.0
Mean number of abstracts, presentations, and publications	3.7	2.1
Mean number of work experiences	3.2	2.8
Mean number of volunteer experiences	6.4	5.1
Percentage who are AOA members	6.2	0.0
Percentage who graduated from one of the 40 US medical schools with the highest NIH funding	29.4	15.4
Percentage who have a Ph.D degree	4.4	0.0
Percentage who have another graduate degree	19.7	16.7

Specialty Report Newsletter Editors: Andrea Fernandez, Maggie Xiong, Tanner Ellsworth, Bryce Munter, Nicole Segaline, Rand Hanna

Faculty Advisor: Lisa Shah-Patel, MD

If you have any suggestions for articles of interest, corrections, or comments for how we could enhance the newsletter, please do not hesitate to contact us at lshahpatel@email.arizona.edu and comp-hx-specialtyinfo@email.arizona.edu