

Psychiatric Clinical Faculty Association Newsletter

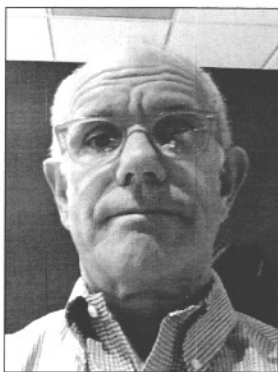
Paul Bohn, *Editor-in-Chief*

Lela DeGolia, *Editor*

Spring 2015

President's Column

As a long term member of the Executive Committee and Board of the PCFA I have participated in examining the Clinical Faculties' role in the education of



Wayne C. Sandler, M.D., Ph.D.

the residents over the years. Whether or not you are a believer of climate change, one can not deny that the climate within the psychiatric residency is very different than when many of us finished our training. To avoid what some of our clinical colleagues describe as marginalization, the clinical faculty needs to adapt in order to maintain our very important role in residency education. Sharing information about some of the changes in and requirements of the residency may help us to understand what we can do.

Let us first look at the quality of the residents. I have heard several of the full time faculty say "If I were applying to the program today I would not get in." UCLA is an extremely competitive psychiatric program that attracts many of the best and the brightest medical students. Many of the current applicants and residents come with rich, varied backgrounds as well as additional advanced degrees. Due to the time constraints inherent in their need to balance service and education requirements, the residents may choose to forego certain learning experiences. These choices are based on

assessing time spent versus the value of the learning. So, in order to maintain our relevance, we must constantly evaluate the quality of our teaching.

Resident teaching fits in a framework that was delineated after many of our members had completed training. I feel it is important to describe the six core competencies the Accreditation Council for Graduate Medical education (ACGME) has outlined for psychiatric residencies.

ACGME Competencies:

1. Patient Care and Procedural Skills
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Medical Knowledge
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. Practice-Based Learning and Improvement
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

4. Interpersonal and Communication Skills
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with

patients, their families, and health professionals.

5. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- compassion, integrity and respect for others
- responsiveness to patient needs that supercedes self interest
- respect for patient privacy and autonomy
- accountability to patients, society and the profession

6. Systems-based Practice

Residents must demonstrate an awareness of responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competency is a primary psychological need and without it one would find it difficult to meet the two other psychological needs of autonomy and relatedness. As clinical faculty we are models for the practice of psychiatry outside of the academic setting. We need to model the core values and competencies outlined above, as well as these maturational goals of autonomy and relatedness.

Autonomy can also be developed through the residents' personal experiences of moonlighting. This is particularly important now because the current structure of their clinics results in the residents feeling less autonomous in the care of their patients. When describing their moonlighting experi-

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Editor's Column

Paul Bohn, M.D.

I spent the first weekend of Spring at a psychopharmacology conference. Should I regret this decision? Cognitive theory informs me that it all depends on how I spin the experience. Do I choose to focus on UCSD, ASCP, and CME or La Jolla, colleagues, and karaoke?

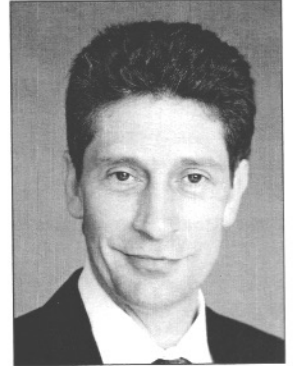
On the one hand, I could mourn the loss of the two glorious Southern California weekend days that I spent inside listening to hours of psychopharmacology updates. Of course, I did get to hear the godfather of psychopharmacology, Dr Goodwin, wax poetic about bipolar disorder anti-cycling medications (He loves lithium for manic episode prevention and lamotrigine for bipolar depression prevention.). And I picked up a pearl from another presenter, that since 50% of all pregnancies are accidental, using Depakote in women of childbearing age might be considered unwise.

On the other hand, I could focus on the fantastic seafood we ate at Eddie V's or the incredible view we

saw from George's at the Cove. Of course, I did get to watch the musical genius of our 1988 UCLA Psychiatry Class, Tony Bassanelli, karaoke the Frank Sina-

tra tune "My Way" in the Sheraton lounge (He nailed it by the way.). And I picked up the pearl that a hike on Black's Beach after a day spent inside listening to psychopharmacology lectures should be considered mandatory.

Luckily, my cognitive and emotion circuits seem to be working reasonably well, and I have fond memories of the weekend. Interestingly, I seem to have clearer memories of watching Dr. Bassanelli's performance than that of Dr. Goodwin's.



Paul Bohn, M.D.

President's Column

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ences, however, residents emphasize the education of their experiences more than the economics. They feel that their moonlighting experiences instill confidence and ease the transition toward completion of the residency. In our roles as supervisors or as therapists (in Psych 483), we need to understand those moonlighting experiences and support them. On several occasions I have discussed moonlighting activities with supervisees. I see this as assisting in the development of their autonomy. I believe this is important because many residents may choose moonlighting over supervision.

When they have supervision, discussing moonlighting can enhance their education.

I remember one of my supervisors telling me, "Patients don't care how much you know until they know how much you care." Caring is the foundation of relatedness and is something that is not easy to teach. When I thought about how to teach relatedness to residents, I remembered dialogue from the television show "The West Wing." Since we all practice in Los Angeles, drawing from "the industry" seems only fitting.

"This guy is walking down the street when he falls into a hole. The walls are so steep he can't get out. A doctor passes by and the guy shouts

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The Distinguished Psychiatrist Seminar Series

Allen T. Pack, M.D.

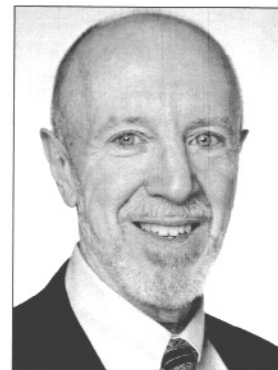
Nineteen years ago, Jim Masterson, Irv Godofsky and I were sitting in the bar at the W Hotel in Westwood. Masterson had just finished his case conference with the residents. The next day was the Annual Meeting for the psychiatric clinical faculty after which he was to address the group on Narcissistic and Borderline Disorders. At this point in time, the state of training in psychodynamic topics at the NPI was appalling. Given his reputation and fluency in the field, we asked him for suggestions to help us enhance exposure to psychodynamics at NPI.

After his third gin and tonic that night, his academic demeanor started to slip away some, and he revealed how we might have recruited him to do this job for less money. He advised that we should have told him it was a prize, or a special recognition of his skill, maybe give him a title, or a plaque, or both a title and a plaque. Call him the "Distinguished Psychiatrist of the Year." I said, "It's a deal. You are the "Distinguished Psychiatrist." Can I take back half the honorarium?" He demurred, and then he said we should use it on the next guy. That was how the Distinguished Psychiatrist Seminar Series got its name.

Since then, virtually every big name or big idea psychiatrist in the country, plus an Australian, an Englishman, and an Indian have graced our seminar series. Last year Salman Akhtar covered the novel topics of generosity and gratitude. We psychiatrists generally seem to focus on things that sound a bit more titillating like perversion and panic, but, paradoxically, the response to Dr. Akhtar's talk was overwhelmingly positive.

For an encore of sorts, this year's Distinguished Psychiatrist will be Frank Yeomans. He'll be talking about another topic generally seen as anathema to psychodynamic psychiatrists, manualized therapy. Even more quirky, it's a form of manualized psychoanalysis called Transference Focused Psychotherapy (TFP). Like other structured psychotherapies, Cognitive Behavioral Therapy (CBT) for instance, TFP was developed with an eye toward research. It uses standardized techniques to garner reproducible results. Dr. Yeomans is one of the leading writers and teachers of TFP. TFP was developed at Otto Kernberg's Personality Disorders Institute at Weill-Cornell. Dr. Yeomans is the Director of Training of that Institute. He has

authored and co-authored numerous articles and books. These include, *A Primer On Transference Focused Psychotherapy For The Borderline Patient*, and *Transference Focused Psychotherapy for Borderline Personality: A Clinical Guide*, co-authored with Drs.



Frank Yeomans, M.D.

John Clarkin and Otto Kernberg. TFP is not only an effective treatment technique, but also a very effective training technique for therapists aiming to hone their psychoanalytic skills. This promises to be a very educational experience for all of us.

This year's Distinguished Psychiatrist program will be held once again at the UCLA Faculty Center on Saturday, October 24, 2015, starting with the Annual Meeting at 9:00 AM. Dr. Yeomans will speak from 10:30 to 12:30. See you there!

President's Column

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up, "Hey can you help me out?" The doctor writes a prescription and throws it into the hole and moves on. Then a priest comes along and the guy shouts up, "Hey Father can you help me out?" The priest writes out a prayer and throws into the hole and moves on. Then a friend walks by, "Hey Joe it's me; can you help me out?" The friend jumps into the hole.

Our guy says, "Are you stupid? Now we're both down here." The friend says, "Yeh, but I've been down here before and I know the way out."

Let's hope we are teaching our residents to be the type of doctors who will join with their patients "in the hole," and then by using both compassion and expertise, emerge with them from the hole together.

We as volunteer clinical faculty provide the residents with a model for competency, autonomy and relatedness while demonstrating the account-

ability to self, patients, and colleagues. In our role as mentors, we need to be mindful of our profession's required competencies, the changing demands that residents face, and their needs to develop autonomy and to hone their compassion skills. Keeping these values and needs in mind will help us to provide residents with a maximum of learning and wisdom for the time they invest with us.

2015 Update from the David Geffen School of Medicine at UCLA

Margaret L. Stuber, MD, Assistant Dean of Student Affairs for Well-being and Career Advising Freedman Professor and Vice-Chair for Education, Psychiatry and Biobehavioral Sciences

There have been many changes this year in the David Geffen School of Medicine (DGSOM) at UCLA. Eugene Washington, MD, MPH, left as Dean of the Medical School, to become director of the health system at Duke. Our own David Feinberg, MD, MBA, left as CEO of UCLA Health to go to head Geisinger Health system in Pennsylvania. John Mazziota, MD, PhD, formerly Chair of Neurology and Executive Vice-Dean of the medical school, is now the Dean of DGSOM. The former Chair of Neurobiology, Marie Françoise Chessolet, MD, PhD, is now Interim Chair of Neurology. The former Chair of Biological Chemistry, Kelsey Martin, MD, PhD (a psychiatrist), is now the Executive Vice-Dean for the medical school. All of that is since March 2015! In addition, since September, Lee Miller, MD, a pediatrician, has become the Associate Dean of Student Affairs; Ted Hall, MD, a radiologist, had become the Associate Dean for Admissions; and Neveen El-Farra, MD, an internist, has become Interim Associate Chair for Curricular Affairs. Mark Cohen, MD, a forensic psychiatrist, is now Co-Chair of the newly created Committee for Student Progress and Promotion (CASPP). Clarence Braddock, MD, MPH, who became Vice-Dean for Education in November 2013, is no longer the new-

est person in the administration.

Along with personnel changes there are always changes in policy and curriculum. From the standpoint of Psychiatry, the biggest is a change in the Clerkship. We have a new structure for the clerkship, which makes the neurology and psychiatry clerkships, which have been a "joint" 8 week experience since 2000, now more integrated, with clinical experiences extending over six to eight weeks. There will be a greater focus on outpatient exposure. Fawzy Fawzy, MD and Jessica Jeffrey, MD, MPH, MBA, co-chair a new Medical Student Education Oversight Committee (MSEOC), which will be working with these changes.

The other significant change for the MSEOC to oversee is the transition in leadership for the Medical Neurosciences II block, which contains most of the pre-clerkship psychiatry content for second year medical students. John Luo, MD, who had been Co-Chair of that Block, has left UCLA to become the Psychiatry Residency Training Program Director at the University of California Riverside. Katrina DeBonis, MD, is the new Co-Chair of the Block, working with Isaac Yang, MD, from Neurosurgery.

In Doctoring, Iljie Fitzgerald, MD, MS, a psychiatrist at the West LA VA,

is now Associate Director of the first year of Doctoring. She also led a highly successful Healers' Art course in January for first year medical students. In Systems Based Healthcare, the required interprofessional education course for third year medical students, we brought in 88 third year dental students, in addition to the 180 medical students and 24 advanced practice nursing students. We all learned a lot about each other's professions.

As always, we are looking for teachers. The Medical Neurosciences Block is moving to October this year, so we are actively recruiting tutors for Problem-based Learning small groups. We are also looking for tutors for the first and second year Doctoring courses, and for Systems Based Healthcare. For details on any of these voluntary clinical faculty teaching opportunities, please send me an email at mstuber@mednet.ucla.edu.



Margaret L. Stuber, M.D.

Voluntary Clinical Faculty Needed for Mental Health Program for the Medical Students

The UCLA David Geffen School of Medicine mental health program for the medical students, UCLA Mental Health Services for Physicians in Training (MHSPT) is seeking Voluntary Clinical Faculty who enjoy psychotherapy. Over a hundred UCLA medical students seek services with MHSPT each year. Dr. Bruce Kagan sees many for medication and follow-up. However, most of these students also need short-term to long-term psychotherapy for depression, anxiety, crises, phase-of-life problems and other issues. If you are interested in treating this high-achieving group, please call Dr. Paula Stoessel at 310-206-8976 or e-mail her at pstoessel@mednet.ucla.edu.

Networking with the PCFA Attendings

Sara Hyoun, PGY-2

On Wednesday, March 4th, 2015, “Speed Dating with the PCFA Attendings” commenced with twenty-one residents from all four classes and fourteen PCFA board members attending. We gathered for dinner and a “speed date” meeting. The evening began with a lovely sit-down meal at the UCLA Faculty Center, where attendings and residents dined and introduced themselves. Once dinner was done, the group moved to the rear section of the room and each attending took his/her place at one of twelve assigned card tables. Then in a round-robin fashion, the eager residents, either singly or in pairs, met with the attendings for five minutes each. The residents posed questions pertaining to their training and future careers. They heard about various practice styles. They discussed RPC supervision options. They listened to advice about how to start a private practice. They shared their interests and concerns about psychiatry and its future. All in all, it was a refreshing and fun way for the residents to connect with, network with, and learn from the PCFA.

At this time of the year, the most pressing concern for PGY-2s is to find

an RPC supervisor. Generally, supervisors are found by using a list provided by the program and through word of mouth. This event allowed for PGY-2s as well as PGY-3s to meet thirteen potential RPC supervisors face-to-face to aid in finding the right fit for supervision. PGY-1s also participated, although they won't need a supervisor until next academic year. For all classes, but particularly PGY-4s, this event was a great way to receive career advice, find additional mentors, and network for future employment opportunities.

The resident response to the evening was overwhelmingly positive. All of the residents who were in attendance have expressed their hope for an annual “speed mentoring” event. Below are some resident quotes about the event:

“I enjoyed getting the chance to talk with people in the community about what their lives were like and what kind of careers are out there. Honestly, as an intern I had kind of forgotten that the whole world of outpatient private practice existed, so it was nice to be reminded of that. Overall, I thought this was a great exercise, and I would fully support it becoming

a yearly thing.” – Jonathan Heldt, MD, PGY-1

“A much better way to find a supervisor than scanning a list of names on a spreadsheet!” – Garth Terry, MD, PGY-4

“The format of speed dating was really great for those of us who would not necessarily be as proactive as others when looking for a supervisor. It also allowed me to see how much PCFA supervisors vary. I really enjoyed meeting everyone!” – Viet Nguyen, MD, PGY-2

“It was helpful to hear how being associated with a professional group can provide lifelong support and learning after residency and beyond.” – Greg Sayer, MD, PGY-3



Sara Hyoun, PGY-2



2015 Chief Residents' Column

Scott Hunter, MD, MHS and Garth Terry MD, PhD

We became chief residents in June of 2014; we are honored and humbled by the role. UCLA residents are an exceptionally talented and diverse group of individuals. We train in a huge department and within a robust professional community. Our setting offers an abundance of opportunities to enhance our education, but without the guidance of supervisors, mentors and teachers, it can be overwhelming. Each year, many PCFA members lend their time and expertise to our development, but the value of these relationships often only becomes apparent to residents in their final years.

This year, with the help of several residents and the continued generosity of the PCFA, we furthered the charge of developing relationships between PCFA members and residents, particularly during the first and second years. Beginning with the increasingly popular welcome barbecue in June, our newest recruits began to meet the volunteer clinical faculty, even as they were only beginning to get to know one another. We welcomed fifteen new interns: twelve in the categorical track, two in the research track, one in the Harbor track. A second-year and a fourth-year resident also joined us after an internal medicine internship and as a transfer from Mt. Sinai, respectively, bringing the total number of residents to 57.

Throughout the year several PCFA members took the opportunity to continue to get to know the interns by attending the monthly intern lunches, which were generously co-sponsored by the PCFA. At the lunches, an intern presents a case and a related topic to the rest of the class and a small number of (mostly VA) faculty. In addition to gratitude for being well fed, interns gave us the feedback that they enjoyed the "outside" perspective of clinical faculty discussants.



Co-Chief Residents: Scott Hunter, M.D., MHS and Garth Terry M.D., PhD

The residency's annual fall retreat in September has changed significantly over the years, and this year it continued to evolve. The two-day outing is 90% rest, relaxation, and fun. However, we do devote a few hours in the afternoon and evening to small group meetings where we discuss the ups and downs of our training experience, with a particular focus on what we can do better. Residents' main concerns this year were (1) the excessive workload on the consult-liaison rotation in the second year, and (2) that certain outpatient teaching clinics are too full with patients. Efforts to address these concerns have been ongoing throughout the year, and meaningful changes are likely before the next academic year begins.

This year's retreat also featured a model Balint group, which was facilitated by Dr. Elizabeth Bromley. As class process groups have had varying degrees of success and longevity over the years, we thought that introducing residents to an alternative kind of group process might pique their interest and lead to such experiences becoming formalized in our training. One intern, Dr. Patrick Bonavitacola, took a particular interest in the Balint group model and with funding support from the PCFA, attended a training conference to become a Balint group leader. Dr. Bonavitacola is currently developing plans to co-facilitate ongoing resident Balint groups.

In November we began our annual recruitment season, which ends with the national residency match in March. Our residency program received over 500 applications, and we invited approximately 90 to interview. With the continued support of the PCFA, the residency was able to host the extremely popular happy hours for applicants held at a nearby restaurant in Westwood. Matched applicants consistently provide us the feedback that the opportunity to meet and speak candidly with multiple residents at the happy hour was a major factor in ranking our program highly. The happy hours are therefore vital to matching the most talented applicants. Indeed this year was proof positive, as we had an excellent match, with the majority coming from the very top of our rank list.

Matching residents to psychotherapy supervisors, however, is another matter. The traditional word-of-mouth strategy certainly has its limitations. Third-year resident Dr. Alaina Burns boldly volunteered to be Resident Chief of the Resident Psychotherapy Clinic. In that role she has improved and updated the lists of residents and supervisors. This facilitates them matching with one another, and helps residents find patients referred to the low-cost psychotherapy clinic. An ingenious second-year resident, Dr. Sara Hyoun, went further, and with significant support from the PCFA, coordinated an event inaccurately-but-comically titled, "PCFA Speed-Dating." A more descriptive name might be "Resident Networking Dinner." Please look for her article in this newsletter about this extremely successful and popular event.

A staple of the PCFA-Resident relationship, The Classics Journal Club, is a wonderful way for senior residents to introduce junior residents to impor-

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Child and Adolescent Psychiatry Chief Fellows' Column

Dear Psychiatric Clinical Faculty Association (PCFA),

As we wrap up this year, we look back with fond memories of our Child and Adolescent Psychiatry fellowship program. We cannot believe this year is coming to an end already.

We started the year with our Fall Retreat at the magical world of Disneyland in October. During the retreat we attended process groups, met with the Program Directors to give feedback about the program, and participated in team building and bonding activities. This was an opportunity for first and second year fellows to get to know each other better, while channeling our "inner child" in the happiest place on earth. Many fellows expressed that this was one of the best retreats they had attended in years.

In April we had our Spring Retreat at the home of Dr. Sheryl Kataoka. At this retreat, we had the opportunity to participate in a Balint Group led by Dr. Beth Bromley. Many of the fellows felt that this was a powerful and moving experience. They commented that they felt able to support each

other and process our patient-doctor interactions through the lens of doctor, patient, and family. We also met with the Program Directors to give feedback and

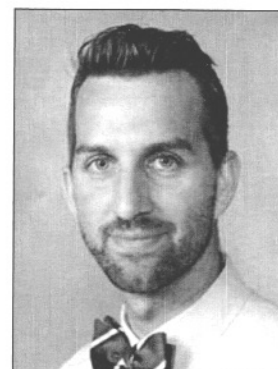
to suggest to improvements for the fellowship. We also held a fellows-only social activity the evening before our retreat. The fellows bonded over delicious food and good music, and we met each other's significant others, children, and pets. It was a great opportunity to spend time together outside of our typical clinical duties.

Among the many valuable opportunities our program has to offer, the fellows have truly appreciated the active involvement with the PCFA. Many of the fellows have expressed gratitude for the resident psychotherapy program. Not only does this pro-



Esther Oh, M.D.

gram provide fellows an opportunity for self-exploration, it also allows them to experience psychotherapy from the patient perspective. We also appreciate the vol-



Cory Jaques, M.D.

unteer supervisors who meet with us weekly to discuss our cases, impart advice regarding career paths, and teach us the skills to become great psychotherapists and providers.

The fellows cannot thank PCFA enough for your contributions this past year. We could not have these amazing memories without your support!

Thank you so much!

Esther Oh, MD
Cory Jaques, MD
Child and Adolescent Psychiatry
Chief Fellows

Treasurer's Report for Fiscal Year 2014 *David E. Sones, M.D.*

The Psychiatric Clinical Faculty Association remained in good financial standing through the end of the last fiscal year. Our expenses for the past year slightly exceeded our income. However, this was due to a deliberate decision by the board to invest in pilot programs that will benefit residents and medical students for years to come, including a significant upgrade in our technology.

The PCFA maintains a sizable reserve. A formal policy statement to guide our organization's investment strategy of this reserve was adopted last year by the board. Thanks to a

healthy stock market, the gains from our investments actually exceeded the net loss in our operations.

As most of you are aware, our organization's primary source of income is generated from two revenue streams: contributions from our membership and payments from the Psychotherapy Program. We depend on this income to fund activities that enhance the educational opportunities in clinical psychiatry at the medical school.

I would like to thank our members who regularly contribute to the organization and encourage all members

to do so. If you have not already done so, please send your \$100 annual contribution for 2015 to PCFA. You may use the self-addressed envelope

enclosed with this newsletter or pay online at the PCFA website: <http://www.semel.ucla.edu/pcfa>



David E. Sones, M.D.

Chief Residents' Column

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tant psychoanalytic writings (thankfully, with more than a little help from volunteer clinical faculty discussants). Under the leadership of residents Drs. Michael Mirbaba (third-year), Jared Greenberg and Dan Bonnici (fourth-years), this long-standing journal club was revitalized. Its popularity is evidenced by standing-room only and empty catering trays.

The happenings we've described here are truly only a sampling of the multitude of ways that residents interact with and are supported by the PCFA, particularly given the thousands of hours spent annually in clinical supervision and resident psychotherapy. But while we have highlighted some ways that junior residents have

increased their exposure to psychotherapy training, there is at least one major indication that the intern class is developing a strong appetite for it.

As this newsletter goes to press, the current intern class will be at the beach in San Diego with several PCFA members at the first Intern Psychotherapy Retreat. This event came about under the leadership of intern Dr. Ashley Covington along with the guidance of Drs. Shirah Volmer, Elizabeth Nakamura, and others. The retreat aims to bring the interns together for a bonding experience and provide an early introduction to psychotherapy training. They are starting with a discussion of Yalom's "The Gift of Therapy," and a viewing of select episodes of the HBO series, "In Treatment."

Yet another event new for this year is the first Residency Spring Meeting. It will take place on Thursday, May 14,

at the UCLA Faculty Club. Residents will participate in a formal debate over topics relevant to their residency education, such as "We receive sufficient psychotherapy training in our program," and "Our program maintains an appropriate balance between service and education." The debate and subsequent discussion will be followed by a cocktail hour and dinner, and the evening will aspire to bookend the year and celebrate our learning. And as you might have guessed, the event is, of course, co-sponsored by PCFA.

On behalf of all the residents, we thank the PCFA for promoting and enhancing our education in clinical psychiatry, and for making the professional community so welcoming.

PCFA's Sixth Annual Intern Welcome Barbecue

Please come help us welcome and celebrate our new colleagues on the eve of their internship!

The beginning of internship is a significant milestone for every psychiatrist, and we hope to mark that moment with our collegial spring celebration. All interns, residents, faculty and their families are invited. This year's event is set for Saturday, June 20th the weekend before the interns actually start work!

A barbecue dinner will be served.

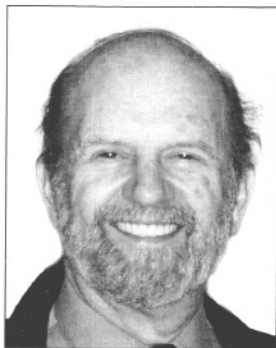
Saturday, June 20th, 2015, from 2:30 to 5:30 p.m., at the UCLA Sunset Canyon Recreation Center (on the UCLA campus).

RSVP to Ms. Lela DeGolia:
ldegolia@mednet.ucla.edu



Drs. Robert Ashely, Joshua Pretsky and Shirah Vollmer at last Summer's Intern Barbecue.

Technology Update *Richard J. Metzner, M.D.*



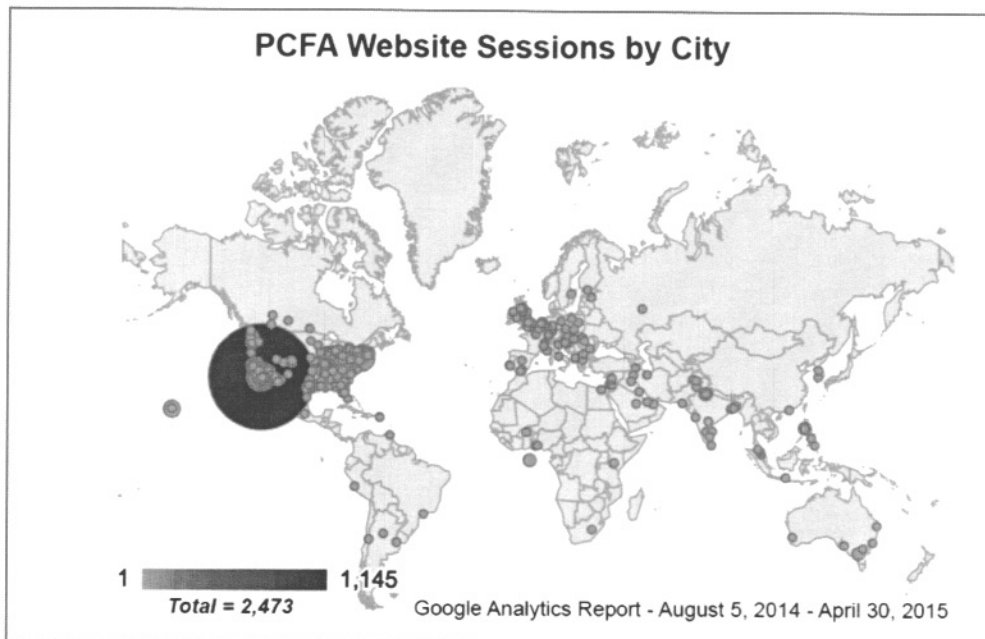
Richard J. Metzner, M.D.

PCFA's technological activities continue to expand. Let's start with our website (pcfala.org). As of the end of April 2015 a Google Analytic report

indicated that there were 2,473 visits to the site since August 2014. The majority of these were return visits from the Los Angeles area, but a surprising number were from all over cyberspace. There were 53 visits from New York, 33 from the United Kingdom and 11 from Frankfurt, Germany! The accompanying map shows the cities in which these sessions occurred.

What were people looking at? Many have been reading the articles in the *Journal of the Psychiatric Clinical Faculty Association (JPCFA)*. In addition to prize-winning articles by psychiatry residents, there are many other contributions by PCFA members like Drs. Shirah Vollmer, Allen Pack and Wayne Sandler. The Spring 2015 edition includes "Suicidal Ideation at 35,000 feet: Duty to Warn versus Right to Privacy" and "Is it Severe ADHD or is it Asperger's? The Case for a Good Assessment." Submissions are now being reviewed for the summer edition. Yours would be welcome!! Just e-mail them to me (rmetzner@ucla.edu).

Besides JPCFA, the website offers detailed profiles of all PCFA members who have submitted them. Being visible on the PCFA website helps you retain your appointment on the voluntary clinical faculty by facilitating supervisory contacts with residents.



Lela DeGolia can help you with the process. You can contact Lela by email at ldegolia@mednet.ucla.edu or by phone at (310) 206-6335. There's much more on the website than I can describe here. Check it out – Why should someone in Abu Dhabi know more about the UCLA Voluntary Clinical Faculty than you do?

The Online Digital Psychopathology Library (ODPaL) is now being developed with help from the residents. Drs. David Hermiz has reviewed many video cases and offered valuable suggestions. With his help I recently presented a noon seminar to the residents illustrating therapeutic techniques with examples from ODPaL. Dr. Elana Miller, a skilled blogger, has offered to write descriptions to accompany the videos when she returns to complete her UCLA psychiatry residency this year.

The Split Screen Supervision Project is also gathering momentum. Three residents will be videotaping and reviewing their RPC cases under

my supervision. Dr. Zeb Little is also setting up a similar project for child psychiatry fellows.

David Coffey's dream of a technologically advanced clinical psychiatry program at the Semel Institute is indeed being realized thanks to his generosity and vision.

PCFA Website Profiles

We are still adding member profiles to the PCFA website. If you haven't yet submitted your profile, please contact Lela DeGolia at ldegolia@mednet.ucla.edu and she will provide the necessary form for you to complete.

Once your profile is completed, we will send you your UCLA ID Number so that you can access the website and view your completed profile. The profiles provide a useful resource for the UCLA psychiatry residents as well as potential patients.

Report of the Psychotherapy Program (Psychiatry 483)

Andrew T. Russell, M.D.

It has been my continuing pleasure to serve as teaching supervisor for the Psychotherapy Program and as faculty liaison to the Psychiatry Clinical Faculty Association (PCFA). The psychotherapy program was founded 24 years ago by Robert Pasnau, M.D., and it continues to be considered the “crown jewel” among the many services the PCFA provides for our residents. The program, with the participation of over 50 clinical faculty, provides a personal, educational and affordable psychotherapy experience to residents and fellows from the UCLA Westwood, San Fernando Valley and Harbor programs, as our faculty receive their teaching credit. The availability of individual psychotherapy at a reasonable cost sets the UCLA programs apart from the vast majority of training programs in the country – it continues to help us recruit the best and the brightest.

I am ably assisted in the administration of the program by three key individuals. The first is Lela DeGolia, Executive Director of the PCFA. She is the glue that holds it all together, keeping us organized while maintaining our faculty roster and the financial books. Amongst the faculty, Mark Thompson, MD and Van DeGolia, MD continue to be essential to the program's success. Mark or Van schedule

individual meetings with all the residents interested in the program, and then they arrange their assignment to available PCFA faculty. Many thanks to Drs. Thompson and DeGolia for the many hours they contribute to the program!

Demand for the program remains high. Over 40 residents were participating last year. Over 15 residents have expressed interest since this July. Fifty-three faculty have volunteered to participate in the program. This past year they provided more than 1300 hours of psychotherapy. We think that is a record. We still need additional faculty in the Valley and South Bay to meet the needs of the Sepulveda and Harbor residents. The residents pay \$35 per session to their therapist, which in turn is donated to the PCFA. These monies have been used to support a variety of training related initiatives and activities. In 2013-14 we collected over \$46,000 to that purpose. Faculty seeing more than one resident include Thomas Brod, John Donlou, Robin Frasier, Jim Rosenblum, and Bella Schimmel. My apologies if I have left anyone off this hard working list.

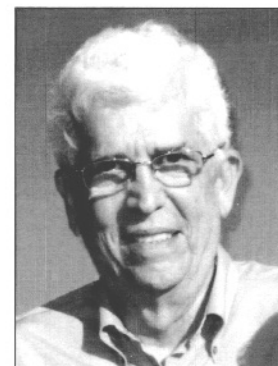
I want to mention one thing that is new this year. Last fall we held a dinner to thank our faculty and 25 attended. This was a long overdue appreciation, and it led to a lively

discussion about the program's structure and its value. What I took away from the discussion was that the program continues to work well. Faculty members

expressed that they really enjoy working with the residents, and that the core of the program is the clinical care they provide for the residents.

For faculty participating in the program, please continue to let us know as soon as a resident leaves therapy and/or if you are available to see a new resident. Be on the alert for our annual request to indicate your availability for the 2015-2016 year.

In summary, the psychotherapy program continues to thrive and provide a very special experience for our residents and faculty. It has been a pleasure to help coordinate it this year. Many thanks to all who have contributed to the program's success.



Andrew T. Russell, M.D.

Please watch for announcements of PCFA's 2015-2016 annual events:

- | | |
|--------------------|---|
| June 20, 2015 | Psychiatry Intern Welcome Barbeque, at UCLA Sunset Recreation Center |
| October 2015 | David Coffey Memorial Psychiatry and Cinema Dinner and Screening (Date and location TBD) |
| October 24th, 2015 | Distinguished Psychiatrist Seminar and PCFA General Meeting, at UCLA Faculty Center (CME offered) |
| December, 2015 | PCFA Resident and Faculty Holiday Party (Date and location TBD) |

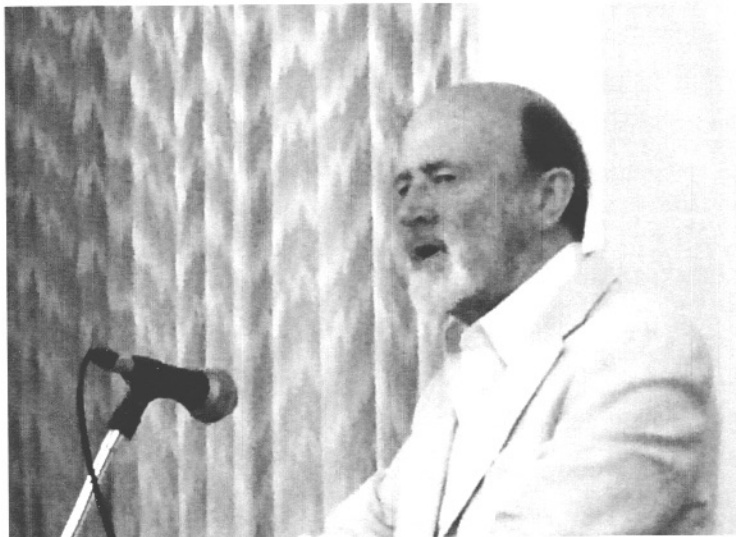
**Psychiatric Clinical Faculty Association
Annual Meeting & Distinguished Psychiatrist Lecture
October 18, 2014**



Dr. Allen Pack congratulates Salman Akhtar, PCFA's 2014 Distinguished Psychiatrist.



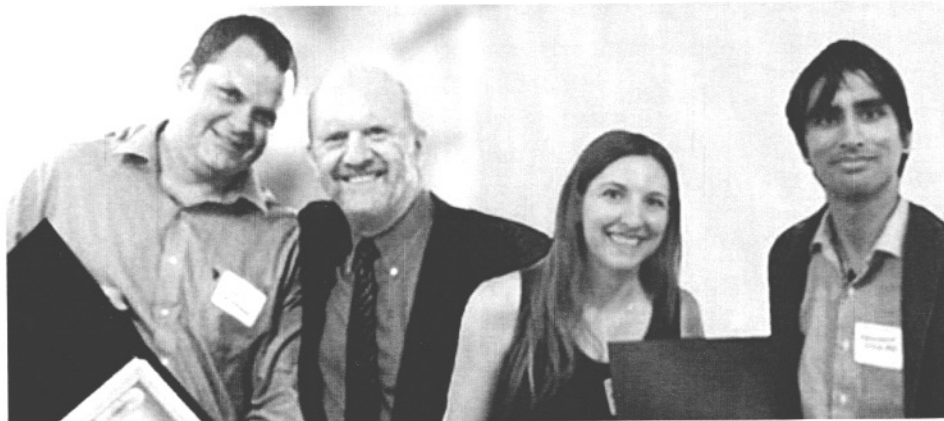
Guests enjoy lunch before the afternoon session of Dr. Akhtar's presentation.



Dr. Peter Whybrow addresses the clinical faculty at PCFA's Annual Meeting.



Dr. Akhtar visits with members of the clinical faculty.



Drs. Richard Metzner and Elizabeth Nakamura congratulate the 2014 winners of the Shirley Hatos Prizes, Neil Paterson and Amandeep Jutla.

Donations to the Psychiatric Clinical Faculty Association

Dr. David E. Sones, Treasurer (2014-2016), would like to thank the following members for their 2014 donations:

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