



Psychiatry Residency Program
Meet & Greet
Tuesday, October 27th
8 - 9 pm EST



Please join us virtually via Zoom!

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Meeting ID: 923 2962 4213

Passcode: 281435

Beaumont

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Questions from the Chat Box

I saw on your website there is an opportunity to work with people with developmental disabilities in the 4th year. Could you share more about that opportunity? Is this opportunity mostly with children or adults? Are there possibilities to become involved with this before the 4th year?

There is a huge deficit of training about developmental disabilities (DD) in psychiatry residencies nationwide. Paradoxically, there is a huge need for biopsychosocial psychiatrists who are informed and skilled at caring for this unique and often vulnerable population. Whether you end up working in a clinic, an emergency department, a school, a hospital, a jail or a prison, you will encounter children and adults with DD. I have found that working with persons with DD to be incredibly rewarding. Beaumont has special programs including the Center for Human Development and Center for Exceptional Families where you will learn from multidisciplinary teams including Child Psychiatrists, Developmental Pediatricians, Rehabilitation Physicians, Psychologists and others. Easterseals is a non-profit that was built on helping children with disabilities and has amazing programs for adults, children and families, including ABA therapy, PLAY therapy, and speech and occupational therapy. You will have exposure to these training sites throughout your residency. Considering these great training sites, I am confident that this psychiatry residency could grow to become the premier DD training program in the state and, perhaps, beyond.

Do you see perinatal psychiatry being incorporated into the residency program? An elective rotation during fourth year? Or will residents who are interested in this part of psychiatry have an opportunity get to do a rotation much earlier in their training?

Dr. Lopa Rana specializes in perinatal psychiatry and psychopharmacology, and is an excellent educator. Beyond exposures to pregnant patients that occurs in routine care at all training sites, residents will have opportunities to work with Dr. Rana in the first and second years, as well as a possible elective in your fourth year.

Is there training available in DBT or CBT in 4th year? What sort of electives are available in 4th year?

Below is a list of some possible electives that residents could experience. With Beaumont being the largest health provider in Michigan and Easterseals being the largest behavioral health organization in Michigan, there are many other possible training experiences. We are happy to support you in finding and designing your own electives to achieve your own personal learning goals, whether those experiences are internal or external to our training sites.

Electives:

Acupuncture for PTSD

Brain Injury Medicine

Correctional Psychiatry at Jail or Prison

Geriatric Psychiatry, outpatient

Group Therapy/DD at Jewish Vocational Services

Inpatient Psychiatry at a State Hospital

Mindfulness at Mindful Wellness Center

Neuromodulatory Therapies

Psychotherapy at Michigan Psychoanalytic Institute

Psychotherapy at Oakland University Counseling Center

Sleep Medicine

Could you expand on the opportunities to work on consult services/CL?

During the second year, residents will work with consultation & liaison (C&L) psychiatry teams at Beaumont Hospital, Royal Oak, and Beaumont Hospital, Dearborn. These will include general C&L experience as well as child and adolescent consults, addiction, perinatal psychiatry, and emergency psychiatry in the busiest emergency room in Michigan. We have excellent C&L faculty, including psychiatrists that have additional training in addiction and neurology.

Can you speak about the psychotherapy training. Will residents be encouraged to receive it themselves?

Although many psychiatrists do not go on to do formal psychotherapy after residency, we firmly believe that every patient encounter with a psychiatrist should be therapeutic. That includes encounters in a hospital, in weekly psychotherapy, or in brief medication check appointments. Our residents will have robust experiences with both long-term and brief psychotherapy cases, individual supervision and regular case conferences. We consider the understanding of psychodynamic and CBT principles to be essential for assessment, diagnosis and treatment (e.g., medication buy-in and adherence) for a biopsychosocial psychiatrist. It is hard to treat a patient with a personality disorder or substance use problems with medications alone and a lack of understanding of underlying psychopathology. While new pharmacological agents are constantly emerging and necessitate continuing medical education to prescribe them, psychotherapy skills are timeless and cannot simply be learned from a book or a lecture. Fortunately, we have several faculty that specialize in psychodynamic psychotherapy, CBT, DBT, trauma-focused psychotherapy, mindfulness and other modalities to supervise and teach about psychotherapy to our residents throughout their four years. While we do not require our residents to receive psychotherapy, it is encouraged for both personal growth and wellness, and learning about psychotherapy from the perspective of a patient.

I have a few questions. (1) Having a stand-alone mental health center is very exciting! But as Beaumont transitions to using this building, how do you envision interdepartmental collaboration playing a part in patient care and in our training? (2) Because there will not be any senior residents yet, what kind of supervision, evaluations, and feedback should PGY1s expect? And (3) I know the website has information about the curriculum, but can you talk more about the different rotations/electives?

The new psychiatric hospital will include a multidisciplinary team of psychiatrists, internal medicine physicians, clinical pharmacists, social workers, psychologists, and other clinical staff. It will also be across the street from Beaumont, Dearborn, allowing for significant access and collaboration with other specialists. While the first class of residents will be the only class not to have senior psychiatry residents, it will also have unique access to and the undivided attention of the faculty and the program director. There will be regular, weekly 1-on-1 and group supervision, and weekly case conferences to ensure that questions and concerns are addressed, feedback is provided, and we use New Innovations to ensure regular evaluations. Please see above for the list of just some of the electives that are possible.

I was wondering if there will be any opportunities for psychiatry residents to teach OUWB students?

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Yes, Residents will have the opportunity to teach medical students from OUWB as well as Wayne State and Michigan State. Beaumont and Easterseals prides ourselves on having excellent educational programs, for medical students as well as a variety of other trainees, including NP students, pharmacy residents and others. Multidisciplinary learning is incredibly important and rewarding. Beaumont also offers a Residents as Teachers curriculum because we hope to produce excellent clinician-educators. Whether you formally train residents and students or not, having good teaching skills is essential to be a psychiatrist, as you will be better able to provide patients and families with better psychoeducation.

From the website I was pleased to see an emphasis on therapy including the psychodynamic approach and CBT. I was wondering if there will be training for DBT?

Easterseals and other training sites provide opportunities to learn about Dialectical Behavioral Therapy (DBT), the evidence-based treatment for Borderline Personality Disorder. DBT therapy and principles can also be incredibly helpful for assessing and treating a wide variety of other patients, including anyone at risk of self-harm, violence and other unhealthy behaviors.

How much time is blocked off for education/didactics? What is the structure like? Also, what will the supervision be like on psychiatry as we will not have seniors? Are their plans to help us transition from med school to PGY1?

Residents will have protected time to attend a block of didactics each week from Noon – 5 p.m. Currently planned for Wednesday afternoons. Please see the sample lecture schedule on the GME website. As the inaugural class, you will work directly with the teaching faculty. Beaumont's orientation includes a session about beginning residency and peer support that is available.

I was wondering about what criteria you are looking for in your first batch of residents? Do you accept International Medical Graduates and sponsor visas?

Firstly, we are looking for empathy. Empathy is the stethoscope of a psychiatrist. Empathy—which is different than sympathy—is essential for your understanding of your patients and providing non-judgmental positive regard for the people you serve. Secondly, the best psychiatrists have excellent interpersonal awareness. That involves true curiosity, understanding and compassion about your own strengths and limitations, and those of others. Thirdly, we are looking for our first class to have a pioneer spirit. That means being excited about new opportunities and having a growth mindset rather than a fixed mindset. We are looking for people with these qualities as well as integrity and a good work ethic, regardless of whether they are U.S. or International Medical Graduates. Beaumont does sponsor visas.

I noticed that there is a dedicated month of research during PGY 4. Do we have support available for it as I am very interested to be part of it? Also, wanted to know about the opportunities to teach?

Even if you are not a producer of research after you graduate, all good physicians are consumers of research. To that end, research is a part of the curriculum through residency. In your first year, residents will learn about how to search the literature for answers to their clinical questions and to critically evaluate the research studies they find. By the time residents reach their fourth year, they will likely have clinical questions that have yet to be answered and we will help you try to answer those questions with your own research. Research and scholarly activity is well supported by the program and Beaumont Health. Residents are required to complete CITI training and remain certified throughout residency. We

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belong to SEMCME, a local consortium that offers a free research workshop every year. Each program is assigned a biostatistician from the Beaumont research institute. Teaching opportunities are available. We affiliations with three medical schools, OUWB, MSU & Wayne State. Additionally, Beaumont offers the Stanford “Residents as Teachers” course to all residents and fellows.

Can you tell give any information on resident exposure to co-morbid mood and addiction disorders within the program and if there are opportunities for QI, research or advocacy within this population?

As a board-certified psychiatrist and addiction medicine physician, Dr. Guina considers this a very important topic. It is very rare to find someone with a substance use disorder that does not have another comorbid mental health concern, particularly mood disorders. Treating these comorbidities is part of the “bread and butter” of psychiatry and will be part of virtually all training experiences. Addiction-specific experiences will take place at Beaumont Hospital, Royal Oak, and the medication-assisted treatment (MAT) program at Easterseals. Residents will learn how to take a biopsychosocial approach to treating substance use disorders, including working in multidisciplinary teams.

I was wondering what different patient populations you get to work with on a daily basis at Beaumont? Particularly, do we see patients who identify as LGBTQ+ or other minority populations

You encounter people who identify as LGBTQ+ everywhere you go. It would be nearly impossible to be a clinician in any field without providing care for people with diverse sexual orientations and gender identities. However, we think it is notable to point out that Metro Detroit is a very diverse area. For example, Detroit and Ferndale have received perfect scores as LGBTQ-friendly communities by the Human Rights Campaign Foundation and the Equality Federation Institute. Michigan has the largest Middle Eastern population outside of the Middle East and the largest Jewish population in the US other than New York. Metro Detroit also has large African, Indian, Hispanic, Polish, Greek, and other communities. This means diverse cultures, access to a variety of ethnic and religious community resources, and great food!

Will there be any exposure to TMS, intranasal ketamine and/or pharmacogenetic testing?

Managing treatment-resistant depression is very important as many, but not all, patients respond to conventional antidepressants. Residents will learn about electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), intranasal esketamine and pharmacogenetic in both didactics, and inpatient and outpatient clinical settings.

How do you feel that Beaumont supports resident wellness?

We are committed to ensuring our residents feel supported personally and professionally. During orientation you will meet the Wellness Team. We have partnered with Ulliance to offer many options for employee assistance. Beaumont has internal program called Bwell with resources for wellness. Personal days for doctor’s appointment are part of our GME time off policy.

Dr Guina, what is your vision for the Beaumont Psychiatry Residency Program? What kind of culture are you hoping build?

One of the most exciting parts of building a new program and a new hospital is that there is no culture yet—there is no “we do it this way because that’s how we’ve always done it.” Our first class and faculty will have the unique opportunity to create the kind of culture that we hope is welcoming, empathic,

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compassionate, collaborative, inclusive, ethical and fun. As psychiatrists, we have the privilege of sharing in the traumas, tragedies and triumphs. We must be mindful of the risk of suicides and overdoses, and the important responsibility of weighing the legal-ethical issues surrounding civilly committing individuals that pose a danger to themselves and others. While we should take our job seriously, we must be careful not to take ourselves too seriously. These are the factors that we hope we consider as we build a new culture.

I was wondering what are some community outreach options that Beaumont offers?

Through resident experiences at Beaumont and Easterseals, residents will have opportunities to learn about public mental health, and to do outreach and advocacy with governments, other healthcare providers, schools, and vulnerable communities. Many other psychiatry programs have little to no exposure to community mental health (CMH). However, learning to care for patients with the most serious mental illnesses and understanding social determinants of health is incredibly important for training and our community. They will be acquainted with the standards of care surrounding Assertive Community Treatment (ACT) teams, home-based care, housing and employment programs, and in working in multidisciplinary teams of case managers and therapists. Training longitudinally in a community mental health system like Easterseals will strengthen their treatment armamentarium, and their knowledge about medicolegal/regulatory matters, available resources, funding and population health.

Are there any plans to have Suboxone and Methadone clinics?

With the opioid epidemic, medication-assisted treatment (MAT) for substance use disorders has never been more important. Beaumont, Easterseals and other training sites will provide many opportunities to learn about and provide MAT for opioid, alcohol and tobacco use disorders. This, of course, is best done in a multidisciplinary and biopsychosocial approach involving medication, individual and group therapy, and peer support.

Can you tell me what cultural competency training is available for residents?

Cultural competency is essential for a psychiatrist. We must be able to talk with anyone about anything and treat everyone with dignity. Assessments and interventions should be culturally-sensitive and culturally-informed. Residents will have a required cultural competency course in their curriculum, other cultural competency training opportunities available, and will learn about how culture can affect the manifestations of mental health problems throughout the program.

I noticed that during 1st year, the main focus is inpatient psychiatry, would we have the opportunity to do supplemental/enrichment rotation in other psychiatry specialties in our time off?

Most psychiatry residency programs spend the majority of their first 1-2 years in inpatient settings. Beaumont is no different with most of the first 2 years being inpatient and the third year being outpatient. There are many reasons for this. For example, we prefer longitudinal dedicated learning experiences because frequently alternating between inpatient and outpatient experiences can be very disruptive for establishing therapeutic relationships, which is essential to good psychiatric care. Additionally, it is much easier and safer to learn about doing proper suicide and violence risk

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assessments in hospital settings where residents have other psychiatrists, nurses, security staff and other support on a locked unit. Unlike inpatient psychiatry during which you are surrounded by more support staff and have several hours or days to make decisions, outpatient psychiatry requires more autonomy, and often the need to make decisions about medications and risk assessments within brief appointments. Outpatient psychiatrist rotations will of course also have support and supervision, but we want our residents to be ready and confident in their skills. Upon graduation, our residents will be comfortable managing the long-term therapeutic and adverse effects of medications, benzodiazepine tapering in an outpatient setting, medication-assisted treatment for substance use disorders, and assessing/managing suicide and violence risk outside of a hospital setting. Finally, it should be noted, that there are some outpatient experiences in the first and second years, in neurology, family medicine, child psychiatry and community mental health.

I noticed that your didactics included longitudinal topics, such as Legal & Ethical Issues. I wanted to know a little bit more about what would be covered in this section.

We consider legal and ethical issues to be incredibly important, so much so that we put it in the didactic curriculum every year, early in each year. In many programs, residents civilly commit dozens if not hundreds of patients and only learn about the actual laws governing civil commitment. We want our residents to know the law before evoking it. It is an incredible responsibility to be have the ability to order someone legally held on a locked psychiatric unit. Our residents will learn about the law, the ethics, and the process of weighing public safety and civil rights. We also want all four years of residents to have a forum to discuss legal and ethical issues together. Boundaries are essential to the practice of psychiatry. Because of the unique, personal conversations we have with our patients, it is very important that we are vigilant about maintaining professional relationships and not blurring boundaries. Patients sometimes make racial, sexual, violent, financial or other provocative comments and our residents need to know how to handle this—legally, ethically, professionally and personally. People may not know this, but it is NEVER appropriate to have a romantic relationship with a patient. Not only is it unethical and potentially illegal, but we firmly believe that a psychiatrist having sex with a patient is tantamount to rape. It is an asymmetric relationship and violates the trust that patients put in us when they come to share their deepest vulnerabilities. Finally, we will do mock trials in which residents will act as lawyers, fact and expert witnesses, and defendants to learn more about topics like malpractice, legal competencies, and insanity evaluations. Our residents will receive the knowledge, skills, attitudes and support they need to navigate the sometimes-precarious legal and ethical issues that arise in psychiatry.

Would you be open to residents staying on as faculty members?

Absolutely! We want to produce amazing clinician-educators that want to contribute to the community and their field.

Dr Guina, how can an applicant who is not from Michigan demonstrate interest in Beaumont?

Email Jeffrey.Guina@Beaumont.org. Let us know why you think you are a good fit for this program, what ties you might have to Michigan, and/or why you are interested in learning about psychiatry at Beaumont.

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Hi Dr Guina, the current pandemic has really highlighted the importance of having alternatives such as tele health and tele psychiatry. I was wondering if there is any incorporation of this in the program?

Telepsychiatry is an evidence-based modality of treatment. Even before the shutdowns, telehealth was helping get care to individuals who were located far from specialists, who had transportation or physical mobility difficulties, or who had other limitations that prevented ideal clinical encounters (e.g., prohibitive work schedule, several young children to manage). Residents will learn about the best clinical practices when using telecommunications and use telepsychiatry to treat patients.