

The strength of the Yale Residency Program lies in its diverse and talented faculty and in the richness of its component and affiliated training facilities. The department is committed to excellence of service to patients and their families; to the development and practical application of new treatment modes; and to the constant assessment of the contribution that psychiatry, both as a science of behavior and as a clinical specialty, may make to the solution of urgent human problems.

The residency program rests upon the scientific disciplines basic to clinical psychiatry, i.e., the biological, social, and psychological sciences (including psychoanalysis). The research orientation of the faculty and staff, most of whom are investigators as well as teachers, provides an atmosphere of scholarly endeavor and curiosity. As a department, we are dedicated to training skilled, responsible clinicians who are intellectually equipped to become leaders in our profession.

We recognize that psychiatry has become too complex and trainees' backgrounds and aspirations too varied to be encompassed within the bounds of a traditional "lock-step" training program. Therefore, we strive to present a program of systematic and rigorous content, so that core skills and knowledge are gained, while maintaining enough flexibility to allow residents to reach their personal goals.

In recent years psychiatry has been changing at a rapid rate as a result of new scientific achievements in the biological and social sciences and in clinical practice. We believe there is every likelihood that the pace of change will continue to accelerate. A major goal of the Yale program is, therefore, to offer psychiatrists-in-training those experiences that will equip them to confront and help shape the uncertainties of the future.

In order to achieve this aim, the four-year residency program has been subdivided into three functional units:

- 1) an 8-month (PG-I) Internship in Medicine and Neurology,
- 2) a 28-month Core Psychiatry Program (4 months of PG-I, 12 months each of PG-II and PG-III) followed by
- 3) a 12-month (PG-IV) Concentration Program.

The Internship is designed to provide a comprehensive experience as a primary care physician in a general hospital. The two internship programs, both located in New Haven, are at Yale-New Haven Hospital and the Hospital of St. Raphael. Both are major teaching hospitals affiliated with the Yale University School of Medicine. The internships consist of 6 months of medicine and 2 months of neurology. Each internship is associated with a separate Match number. Both Match numbers are for PG-I entry into the same Adult Psychiatry Program; the only difference is the site of the medical internship, either St. Raphael's Hospital or Yale-New Haven Hospital.

The Core Psychiatry Program is designed to provide the clinical experiences essential for the development of basic knowledge and skills necessary for practice in all sectors of contemporary psychiatry. The four months of the PG-I year devoted to psychiatry initiate the Core Psychiatry Program and are spent on adult inpatient and child and adolescent psychiatry services.

The PGY-II year consists of two 3-month adult psychiatry inpatient rotations, a 3-month selective rotation in a specialized area of psychiatry, a 2-month consultation/liaison rotation, and a one-month emergency psychiatry rotation. Work with long-term psychotherapy patients also begins in PGY-II and continues throughout the Residency. The PGY-III year consists of 12 months of outpatient psychiatry and includes supervised clinical experience in addiction and child psychiatry.

The Concentration Program in the PG-IV year provides opportunities for electing clinical, scholarship/research and didactic experiences that permit the resident to focus in-depth on an area of special interest. The broad range of placements permits special emphasis on a variety of subjects including psychotherapy, clinical psychopharmacology, clinical and basic science research in neuroscience or other areas, consultation/liaison, geriatrics, addictions, forensic psychiatry, leadership and management in psychiatry and post traumatic stress disorder. Residents can create a unique, individualized training experience to meet their specific educational and career goals.

### **TRAINING FACILITIES**

There are three major departmental clinical facilities:

Connecticut Mental Health Center (CMHC), Veterans  
Administration Connecticut Healthcare System (VACHS),  
Yale-New Haven Hospital (YNHH),

and three affiliated facilities:

the Yale University Health Services (YUHS),  
the Yale Child Study Center (CSC), and  
the Hospital of St. Raphael (HSR).

The administrative offices of the Department of Psychiatry are located in the Yale-New Haven Medical Center complex along with Yale-New Haven Hospital and the Connecticut Mental Health Center. The Medical Center complex is located a short walk from the main Yale University Campus. Also in the Medical Center complex is the Yale Child Study Center, an administratively separate but affiliated Training Program which provides child psychiatry training for residents in the adult residency.

In the heart of the Yale University Campus is the Division of Mental Hygiene of the University Health Services, another major training site for advanced residents. Collaborative training programs involving other departments of the Medical School and University include: Biological Sciences and Psychiatry, Epidemiology and Public Health, Social and Community Psychiatry, Psychiatry and Law, Administrative Psychiatry, Neurology, History of Science and Medicine and others.

### **The Connecticut Mental Health Center (CMHC)**

The CMHC, a collaborative endeavor of the Yale University Department of Psychiatry and the Connecticut Department of Mental Health and Addiction Services, has the missions of providing clinical services, education, research, and community problem solving. The Center provides comprehensive psychiatric services to residents of the Greater New Haven area. Clinical services are focused on patients who are poor and who suffer severe psychiatric and addictive illnesses and disability.

The Center provides evaluation and acute and sub-acute inpatient services. The Center also provides outpatient services including evaluation, psychopharmacologic, psychotherapeutic, case management, social rehabilitative and support services to area residents. Services are provided at the CMHC itself and through 3 satellite clinics, one in the City of West Haven, another in a special unit serving the Latino population of the area and a Substance Abuse Treatment Unit.

The Substance Abuse Treatment Unit offers comprehensive services for a full range of substance abuse disorders. These services are closely linked with other clinical and rehabilitative services in the area.

The Center also is the site of the Ribicoff Research Facilities, a clinical research facility with inpatient and outpatient services and basic science laboratories. Within the Center, the Law and Psychiatry Program consults to courts and provides clinical training and research opportunities. The Consultation Center offers preventive programs and provides consultation to community groups as well as training opportunities for psychiatry residents, psychology trainees and others.

### **Yale New Haven Hospital (YNHH)**

YNHH is the major teaching and clinical research facility of the Yale University School of Medicine. It is a 900 bed general hospital with a large ambulatory service division. The Department of Psychiatry at YNHH has five major clinical components:

The Yale-New Haven Psychiatric Hospital (YNHPH) provides inpatient services for acutely ill psychiatric patients. Treatment includes a comprehensive diagnostic evaluation which may include medical, neurological, psychometric, family, and vocational assessments. Patients also receive intensive short-term treatment with the goal of alleviating symptoms and rapidly returning them to the community. Treatment is based on individual treatment plans and includes individual, group, family and milieu psychotherapy together with psychotropic medication. The average length of stay is approximately 10 days.

The Inpatient service includes: The General Adult Inpatient Treatment Unit treats patients 18 years and older, and a specialized Geriatric Treatment Unit focuses on treatment of the elderly. The patients generally present with complex combinations of disorders reflecting psychotic, affective, cognitive, neurological and medical components. Treatment in the short-term setting focuses on rapid comprehensive diagnosis, symptom reduction, and pharmacological treatments. Psychosocial treatments emphasize individual and family crisis intervention. The Unit has developed considerable expertise in treating patients with previously treatment-refractory psychotic and affective illnesses.

*The Dual Diagnosis Program* is designed to evaluate and treat patients with both psychiatric and substance abuse disorders. Detoxification, pharmacotherapy, relapse prevention, social problem-solving, stress management and family education are important components of the program.

*The Adolescent Inpatient Treatment Unit* conducts short term treatment of adolescent and young adult patients with a wide range of diagnoses including affective disorders, psychoses, developmental disorders, conduct disorders, and psychiatric disorders combined with substance abuse. Comprehensive neuropsychiatric assessment and treatment, intensive family consultation

and crisis intervention are the core treatment modalities. After discharge, some patients continue to be followed in a brief (2 to 4 week) after-school partial hospital program, which is designed to help patients make the transition from inpatient treatment to their home environments. Throughout the course of treatment clinical interventions are carefully integrated with the patient's educational program.

*The Consultation Service* provides psychiatric consultation for all adult medical, surgical, and obstetrical/gynecological services at YNHH. Each psychiatric consultation consists of a thorough assessment and the formulation of a treatment regimen based on a careful differential diagnosis, an understanding of relevant psychosocial factors, and a knowledge of psychopharmacology.

*The Psychiatric Emergency Service* is known as the Crisis Intervention Unit. Located in the Emergency Department on the first floor of the hospital, staff provide emergency evaluation and crisis management for approximately 4,000 patient visits per year. The CIU does rapid diagnostic assessments and formulates disposition plans for patients with a wide variety of diagnoses.

*The Psychiatric Outpatient Clinic* receives many referrals from other YNHH clinics for psychiatric consultation. It provides several treatment modalities: diagnostic evaluation, individual psychotherapy, group therapy, family therapy, and psychopharmacologic treatment.

*The Adult, Adolescent, and Dual Diagnosis Partial Hospital Programs* are designed to provide partial hospital treatment for patients with a variety of psychiatric disorders. The Partial Hospitals provide crisis intervention and rehabilitation programs. Each offers strong programs in group and family therapy.

*The Community Work Adjustment Programs* provide individually tailored rehabilitative treatment with an emphasis on the development of social, vocational and living skills for adult patients with severe and prolonged psychiatric disorders.

Though the units and programs described above vary in focus and responsibilities, the faculty share the view that clinical experience is the foundation for learning and professional development. Intensive work with patients manifesting more severe forms of pathology refines knowledge and skills that will ultimately apply to any specialization area within psychiatry.

## **Veterans Administration Connecticut Hospital System (VACHS)**

The Psychiatry Service of the West Haven Department of Veterans Affairs Medical Center is a major teaching, research, and clinical site of the Yale University School of Medicine Department of Psychiatry. Located within a general hospital, it sustains a wealth of clinical and academic opportunities. Its leadership in clinical research is reflected in its receiving more federal research grant support than any other Department of Veterans Affairs Psychiatry Service. VACHS faculty engage in research on psychopharmacology, genetics, brain imaging, clinical outcomes among other pursuits. This standard of achievement enriches clinical and research training at every level.

The Psychiatry Service is organized into six diagnostic or treatment-modality-specific "Firms" that deliver state-of-the-art care and a Mental Illness Research, Education and Clinical Center (MIRECC). This national center focuses on "dual diagnosis" patients with substance

abuse and major psychiatric disorders. This MIRECC includes opportunities for clinical research experiences ranging from large scale health services to clinical neuroimaging (PET, SPEC, MR), and human genetics. The 6 firms are: PTSD-Anxiety, Neuropsychiatry, Substance Abuse, Community Care, Urgent Care, Primary Care. The firms are multidisciplinary groups providing treatment to a defined group of patients. Psychiatric Residents and Fellows participate in the clinical, administrative and academic endeavor of delivering care within the guiding structure of the Firms. Residents and fellows are encouraged to develop research training programs building on their experiences in clinical research settings.

*The PTSD-Anxiety Firm* houses the Clinical Neuroscience Division of the National Center for PTSD, the only facility of its type within the VA. The PTSD-Anxiety Firm provides opportunities to learn about obtaining trauma histories, recent psychopharmacologic advances in PTSD, and novel cognitive and behavioral treatment programs.

*The Neuropsychiatry Firm* houses the Schizophrenia Biological Research Center, one of three research centers supported by the DVA. The clinical research programs provide an educational foundation in neuropsychiatric, neurologic, psychopharmacologic, and rehabilitative approaches to schizophrenia, mood and personality disorders.

The *Substance Abuse Firm* houses the VA-Yale Alcoholism Research Center, one of three research centers for alcoholism supported by the DVA, and the NIDA Medications Development Center. The Substance Abuse Firm provides training in outpatient drug detoxification, acute stabilization of dually diagnosed patients, cognitive-behavioral approaches to substance abuse, treatment of dually diagnosed patients, and pharmacologic supports for abstinence.

*The Community Care Firm* provides four novel treatment modalities to patients primarily treated by other Firms including:

- 1) a Partial Hospitalization Program,
- 2) the Community Support Program, which provides community case management to chronically ill patients,
- 3) VA Supported Housing for patients with chronic psychiatric illnesses and
- 4) Veterans Industries, a work rehabilitation program.

*The Urgent Care Firm* provides urgent psychiatric care to patients in the other diagnostic Firms. *The Psychiatry ER* and *Inpatient Unit* provide acute management and a wide diversity of clinical exposure for trainees.

*The Primary Care Firm* manages the interface between Psychiatry Service and other medical services in the hospital. The Consultation Liaison Service provides consultation to all inpatient services and to the outpatient Primary Care Practice and Women's Health Clinic. The Psychiatry Primary Care Clinic provides primary medical care to patients on Psychiatry Service. The Firm also provides psychogeriatric consultation and community case management programs for elderly patients with psychiatric and medical problems.

## **Yale University Health Service (YUHS)**

The YUHS is a prepaid health care facility for Yale University students, faculty, employees and their dependents and it offers a full range of mental health services to students as well as consultations and referrals to other members. Established in 1925, the Division of

Mental Hygiene was one of the first student mental health services and is considered a model for such services throughout the country. As a training resource, it provides outpatient experience with adults in the age range of 17 - 55 with an emphasis on problems of late adolescence and young adulthood.

Treatment includes individual psychotherapy, group psychotherapy, couples therapy, psychopharmacology, consultation-liaison evaluations, substance abuse treatment, sex counseling and child evaluation. However, psychotherapy is the most frequent treatment modality. Crisis intervention and consultation is provided to students, as well as faculty, employee members, and their dependents.

YUHS also has an inpatient care facility (infirmary) which offers excellent training in crisis management and use of partial hospital-type setting. When a hospital stay is indicated, the service collaborates actively with the services at Yale New Haven Hospital and Yale New Haven Psychiatric Hospital.

In addition to its function as a general mental health clinic, YUHS also provides consultation to the Yale community, and residents serve as liaisons with undergraduate residential colleges.

YUHS, Division of Mental Hygiene, provides an outstanding training opportunity for outpatient mental health services in the context of a service that is both a student mental health service and an HMO-type health care facility, giving residents experience in both.

## **THE TRAINING PROGRAM**

### **PGYI: THE INTERNSHIP YEAR**

An internship experience in a general hospital is of great importance for a psychiatrist. In addition to acquiring specific skills and knowledge necessary for the effective treatment of the disordered physiology of ill patients, the PGY-I resident in a general hospital solidifies his/her identity as a physician through direct patient care. Furthermore, the internship year is a unique opportunity to experience and learn about some of the multiple elements of the doctor-patient relationship that are critical aspects of any psychiatric practice.

Recruitment and selection for entry into PGY-I is under the auspices of the National Residency Matching Program (the Yale Residency Program is listed in the NRMP under Yale-New Haven Medical Center). We have designed a general hospital experience in two hospitals in New Haven, Yale New Haven Hospital and the Hospital of St. Raphael, both major teaching hospitals for the Yale School of Medicine. Each internship consists of 6 months of medicine and 2 months of neurology. The remaining 4 months of PGY-I are spent in psychiatry.

Individuals interested in an internship experience in pediatrics can simultaneously apply to the Yale School of Medicine Pediatric Program. The Departments of Psychiatry and Pediatrics have collaborated to offer a combined and coordinated interview day. If accepted into both Programs, the individual will have a full year (PGY-I) internship in Pediatrics and then enter the Yale Residency Program in Psychiatry at the PGY-II level.

Applicants who wish to complete an internship elsewhere can also apply to our three year program, starting in the Yale Program in PGY-II. Applicants who choose to do an internship elsewhere must complete at least 2 months of neurology during the internship year or make arrangements at application to meet this requirement.

### **THE PSYCHIATRIC CORE PROGRAM: PGY-I through PGY-III**

Beginning with the 4-month psychiatric rotation in PGY-I, the resident will begin the Core Psychiatry Program. This consists of adult inpatient and child psychiatry in PGY-I; inpatient, partial hospital, emergency and consultation-liaison psychiatry in PGY-II; and outpatient (includes supervised clinical experience in child and addiction) psychiatry in PGY-III.

PGY I and PGY-II: Residents entering the Program in PGY-I will have three months of inpatient adult psychiatry and 1 month of Child/Adolescent inpatient psychiatry and one additional three month inpatient care psychiatry rotations in PGY-II. These rotations involve experiences at the Connecticut Mental Health Center, Yale-New Haven Psychiatric Hospital, and the Veterans Administration Connecticut Healthcare System. This mix of rotations ensures that residents complete an optimal number of initial evaluations, and gain in-depth experience with a variety of biological, psychological and social treatments. Each placement is in a different setting, assuring exposure to a range of patients in both public and private settings who are diverse with respect to diagnosis, age, social class and ethnicity. The remaining 6 months include 2 months of consultation/liaison, one month of emergency psychiatry, and 2 different 3 month selectives which include options for a variety of specialized experiences including geriatrics, research or community psychiatry placements.

<b>PGY-I</b>			
Medicine	Neurology	Inpt. Psychiatry	Child/Adolescent

6 months	2 months	3 months	Psychiatry 1 month
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<b>PGY-II</b>				
Selective 3 months	Selective 3 months	Consultation/ Liaison 2 months	Emergency Psychiatry 1 month	Inpt. Psychiatry 3 months
Long Term Psychotherapy Program				

Educational objectives for this year are focused on the comprehensive evaluation and diagnosis of patients from biological, psychological and social perspectives and the delivery of treatment to a wide variety of patients in different treatment settings. The training emphasizes thorough psychiatric evaluation, accurate formulation of the patient's clinical status, and implementation of an appropriate treatment plan.

In addition to these overall objectives, different units or configurations of units have additional educational objectives appropriate to the particular clinical setting. For instance, residents on the inpatient units of CMHC will have the chance to learn directly about psychiatric delivery for the underserved. Residents on the clinical research units will have the opportunity to learn about research issues and methods.

### **PGY-III**

This is an outpatient year that includes addiction and child psychiatry experiences in addition to general adult ambulatory psychiatry. The goals of this year are to develop basic skills in the assessment, diagnosis and treatment of patients in the outpatient setting; to become proficient in crisis intervention; to understand the role of the psychiatrist in working with other professionals, paraprofessionals, and community agencies; to identify and learn to use the formal and informal community resources available to assist in the treatment of patients with mental illness; to become proficient in the treatment of patients with addiction disorders, and to gain initial experience in the ambulatory assessment, diagnosis and treatment of children.

## **THE CORE DIDACTIC CURRICULUM**

### **PGY-II**

Each week an average of 10 hours are set aside for seminars and Grand Rounds designed for in-depth explanation, exploration and discussion of the essential knowledge base of modern psychiatry. During these "protected times" residents are free from all clinical responsibilities.

The PGY-II core curriculum involves seminars on psychiatric interviewing, clinical assessment and psychiatric emergencies, consultation/liaison, psychopharmacology, scientific foundations and schools of thought in psychiatry, including neuroscience and psychology, clinical psychiatry and psychopathology, psychotherapy, child and adolescent psychiatry, hospital and community psychiatry, economics and managed care psychiatry, forensic psychiatry, ethics, and race, culture and ethnicity. In addition, residents are facing a future in which they will be working with groups and in organizations as clinical administrators,

group psychotherapists, members or leaders of clinical or research teams and teachers. The Residency Program is convinced of the need to equip residents with the knowledge of group and organizational dynamics and the skills they will need to function as leaders in these settings. This learning begins in the PGY-II year with all PGY-II residents meeting for a retreat to begin and study the process of group formation. For residents interested in further learning in this area, there is an elective seminar which focuses on group and organizational dynamics and leadership.

At the institutional level, residents attend continuous case conferences and seminars addressing unique institutional values and aspects of patient populations. At the unit level, there are case conferences, rounds, supervision of clinical management and seminars directed towards special issues of that particular setting. Individual supervision is provided by both unit faculty and by clinical faculty. Finally, Departmental Grand Rounds, which include clinical case presentations, departmental symposia, and the presentation of new research findings are held each week.

### **THE CORE DIDACTIC CURRICULUM: PGY-III**

The curriculum in PGY-III addresses psychotherapeutic techniques for different treatments and disorders, advanced psychopharmacology and issues in the diagnosis and treatment of substance abusing patients.

### **THE CONCENTRATION PROGRAM: PGY-IV**

As an idea, the Concentration Program grew from the recognition that there are a number of possible areas of focus which a psychiatrist might eventually wish to pursue. The Program permits PGY-IV residents to select from several areas of professional concentration to create an individualized program in line with their developing interests and future career goals.

<b>PGY-IV</b>
CONCENTRATION (ELECTIVE)
Long Term Psychotherapy (1/2 day per week) (optional)

Each resident will elect an area of concentration for the PG-IV year and will be encouraged to devise a program of placements which enhances his/her particular interests. A concentration may be in psychotherapy, general hospital psychiatry, clinical research, basic science research, social and community psychiatry, substance abuse, university health, administrative psychiatry, adolescent psychiatry, consultation psychiatry or other areas.

### **SPECIFIC PROGRAMS**

#### **The Psychotherapy Training Program**

Becoming a skilled psychotherapist is a central and particularly challenging task of psychiatric training. Accordingly, the Program places a strong emphasis on training in psychotherapy. It encourages interested residents to expand on the core experience and tailors their training to suit individual needs and talents.

Beginning in PGY-II the resident attends didactic seminars that begin to address the basic principles of interviewing and psychodynamic psychotherapy. A seminar on psychiatric interviewing focuses on the techniques of eliciting clinical information needed to develop a diagnostic assessment, formulation and treatment plan. There is a year long Introduction to Psychotherapy Seminar using a case-based and interactive format. The resident also begins participation in the Long Term Psychotherapy Program.

In PGY-III residents participate in individual psychotherapy seminars which cover psychotherapeutic techniques with patients with different disorders. In addition, a variety of elective seminars are available including Basic Clinical Neurology, Clinical Care and Research in Bipolar Disorder, Long Term Psychotherapy, Continuous Care Conference, Critical Reading of the Literature, Cognitive Neuropsychiatry, Disorders of the Self, Effective Psychotherapy, Electroconvulsive Therapy-Theory and Practice, Introduction to Psychoanalytic Theory, Clinical Hypnosis, Primary Care Medicine, Women's Health and Video in Psychotherapy. Residents can also pursue advanced knowledge about leadership and group and organizational dynamics by electing a seminar entitled, "Understanding Organizations: Diagnosis and Consultation".

### **The Long Term Psychotherapy Program**

The Long-Term Psychotherapy Program is designed to ensure that all residents have the opportunity to do intensive psychotherapeutic work with a small number of selected patients. The experience enables each resident to gain an appreciation of how careful, studied and active listening and talking can influence patient behavior over time. The resident gains increased awareness of the emotional and behavioral vicissitudes engendered in the patient and therapist as a result of an intimate, extended psychotherapeutic experience. Residents also have the opportunity to develop an appreciation of the changing nature of psychological states and individual psychopathology over times.

In order to achieve these goals, residents are assigned two long-term patients and a long-term supervisor. The resident continues with the same supervisor and patients throughout the Residency regardless of institutional assignment. This intensive, careful work with patients and a supervisor provides a unique and critically important experience in the appreciation and understanding of psychological change.

### **Education Grand Rounds**

The Department of Psychiatry has a weekly Grand Rounds throughout the academic year.

### **The Western New England Institute for Psychoanalysis**

The Department of Psychiatry maintains a close affiliation with the Western New England Institute for Psychoanalysis (WNEIP), which is located in New Haven. Many members of the WNEIP are also faculty members in the Department and intimately involved in all levels of resident teaching and supervision of residents. They also act as consultants and mentors for residents interested in psychoanalytic training and/or personal psychoanalysis. The WNEIP offers a low-fee psychoanalytic clinic which is available to residents. The Department and the WNEIP jointly sponsor Grand Rounds presentations and the WNEIP sponsors psychoanalytically-oriented Continuing Medical Education activities through courses, seminars and special symposia. In addition, the WNEIP has an extensive psychoanalytic library available to residents.

## **Research Training**

Training in research and scholarship is integral to the education of the psychiatrist. All residents must develop the ability to evaluate critically and skeptically clinical research findings in the literature, in order to assess the implications of such findings in clinical work. Seminars, practicums and tutorials in the logical foundations and methodology of clinical research are available to residents in both the Core and Concentration Programs.

A number of options exist at Yale for more concentrated research experience through post-doctoral research training fellowships. Presently, research fellowships are available in the areas of neuroscience research, clinical research, mental health service research and psychiatric epidemiology.

The Department offers an annual award, the Seymour L. Lustman Research Award, to recognize residents who have achieved distinction in research and scholarship performed during their Residency. First and second place winners of the award present their papers at a Departmental Grand Rounds in the spring of each academic year.

## **Advanced Clinical Training**

The Department offers many opportunities for advanced clinical training beyond the basic residency. They include Chief Residency positions at the various facilities providing combinations of increasing independent clinical, teaching and administrative responsibilities. ACGME-accredited Advanced Residencies are available in Forensic, Geriatric and Addiction Psychiatry. Many clinical fellowships are also available, including fellowships in anxiety disorders, adolescent psychiatry, geriatric psychiatry, partial hospitalization, college psychiatry, post traumatic stress disorder, psychotic disorders, psychopharmacology and consultation psychiatry.

## **Neuroscience Research Training Program**

In recognition of the increasingly important role of neuroscience in psychiatry and the increasing need for residents to have practical, hands-on research time during their residency years, the Department of Psychiatry has initiated a specialized training program within the general residency dedicated to nurturing future clinical and basic neuropsychiatric researchers. The Neuroscience Research Training Program (NRTP), is based on the premise that integrated clinical and research training experiences act synergistically to enhance residents' psychiatric education, highlighting current knowledge and its limits, and charting the field's future directions. Specifically, the NRTP guarantees a minimum of 3 months of research-dedicated inpatient training in the PG-II year, an outpatient PG-III year in research-related specialty clinics, and an entire PG-IV year for elective clinical and/or basic research. The Program accepts as many as 3 candidates per year. Interested applicants apply through the regular residency match and are then given a letter by the Program Director confirming their place in the NRTP.

The NRTP is distinguished by two major strengths. One is the multidisciplinary nature of Departmental neuroscience research. Within the department are active research programs in molecular biology, biochemistry, neurophysiology, neurochemistry, and behavioral pharmacology. This research represents a series of highly intergrated studies into the biological

basis of mental disorders. A second major strength is the integration of basic and clinical neuroscience research. Indeed, the ability of pre-clinical and clinical investigators to interact in synergistic fashion has been a hallmark of research within the Yale Neurobiological Research Program for many years. The insights and understanding of mechanisms at the pre-clinical level have served as a basis for the design and execution of clinical studies. Subsequently, the results of clinical studies have informed guided further exploration of pre-clinical mechanisms.

### **Eligibility and Admission**

Applicants with a strong interest in an academic career in neuroscience research in psychiatry are encouraged to apply for this program. Prior experience in basic or clinical research is required. A Ph.D. degree is preferred for those individuals interested in basic neuroscience research. Interested applicants should file the standard Yale Psychiatry Residency application form and indicate their interest in Neuroscience Research Training in Psychiatry in a separate letter which describes the applicant's research interests and experience.

### **Joint Child Psychiatry Fellowships**

Residents interested in child psychiatry may apply to the Yale Department of Child Psychiatry (Yale Child Study Center). Applicants certain of their interest in child psychiatry can apply to both the Adult and Child Programs simultaneously, and interview for both Programs on the same day. Selected applicants could match to the Adult Program with guaranteed acceptance into the Child Program following completion of PG years I, II and III. For training at the Department of Child Psychiatry, residents should contact:

Dorothy Stubbe, M.D., Director of Training  
NIHB 104, 230 So. Frontage Road  
New Haven, Connecticut  
203-785-3370

### **POLICIES**

#### **Moonlighting:**

Psychiatric residents are permitted to moonlight. In accordance with ACGME requirements, moonlighting activities are monitored to make certain they do not conflict with training. There are many excellent moonlighting opportunities in the New Haven area.

#### **On-Call Responsibilities**

**PGY-II:** During PGY-II residents provide coverage approximately every 7th night as part of an on-call team.

**PGY-III:** During PGY-III residents are on-call in the Crisis Intervention Unit of the Yale New Haven Hospital Emergency Room. Call is done by combining "night float" rotations in which the resident works each night for one week and is off during the day with sporadic additional on-call shifts. Each resident completes his/her on-call responsibilities in a single 6-month block and covers 26 on-call shifts. There are no other on-call responsibilities in the PG-III year.

PGY-IV: There is no required on-call during the PG-IV year. Opportunities for paid on-call are available in several of the Department's affiliated institutions. These moonlighting opportunities are completely separate from the training experience or requirements.

## **Evaluation of Performance**

The Yale Residency in Psychiatry is organized according to the guidelines specified in the Directory of Graduate Medical Education Programs prepared under the auspices of the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association. Each resident meets at least twice a year with a faculty member to review in depth all aspects of his/her clinical work. These meetings bring together the impressions of all supervisors and other training faculty having contact with the resident. These sessions not only help the resident understand which aspects of his/her work may need improvement, but also focus upon his/her clinical aspects and potential. The resident reviews written summaries of their performance, which are then forwarded to the Resident Review Committee.

In accordance with ACGME requirements for residency programs, a written examination is given each year in PG-II through PG-IV years and an oral clinical examination is given in the PG-III and PG-IV years. It is departmental policy that the results of these examinations are a distinctly secondary factor in the evaluation of residents.

Examination performance is used as one source of information to guide the resident's education, and will never be the deciding factor in the overall evaluation of a resident's status in the Program.

## **LOCATION**

Located in the city of New Haven, Yale enjoys many of the advantages of a cosmopolitan center. The Greater New Haven area has a population of more than 500,000. New Haven is ninety minutes from New York by train or car, and Boston is only three hours away. Many distinguished visitors come to Yale from both the United States and abroad, and the University is an integral part of the world-wide community of scholars.

## **Research & Study Facilities**

Among the facilities for research and study, in addition to those provided by individual departments, are the University Library of over five million volumes, the Beinecke Rare Book and Manuscript Library, the Kline Science Complex, the Peabody Museum of Natural History, the Art Gallery, the Observatory, the facilities of the Yale Computer Center, as well as the extensive resources of the medical school and the other professional schools.

Recently there has been a rapid expansion of research facilities for the medical sciences, including the Howard Hughes Medical Institute, the Boyer Center for Molecular Medicine, and the Harvey Cushing-John Hay Whitney Medical Library.

## **Cultural & Recreational Opportunities**

Yale has long been known among older universities for its training and work in the creative and performing arts, and this leadership adds much to the cultural life of the University and the community. Over two hundred and twenty-five musical events take place during the academic year, including the Woolsey Hall Concert Series, the Sprague Hall Chamber Music Series, The

New Haven Symphony concerts, and many others which are presented by the faculty and students of Yale's School of Music. The Yale Repertory Theater, a resident company made up of professional actors and directors and a number of advanced students of the School of Drama, presents four or five major productions each year at the University Theater. The Long Wharf Repertory Theater at New Haven has a national reputation for excellence. Numerous nearby towns have summer stock productions and the American Festival Theater at Stratford is a twenty-minute drive from New Haven.

Many of Yale's new buildings are outstanding examples of contemporary architecture. The University Art Gallery contains outstanding collections of ancient, medieval, renaissance and modern art, and sponsors numerous loan exhibits each year. The establishment of the Paul Mellon Center for British Art and British Studies has brought to the University an extremely rich collection of British paintings from the time of the renaissance to the mid-nineteenth century, together with a supporting library of books on British history and civilization.

There are over forty endowed lecture series given at Yale each year on subjects ranging from anatomy to theology, and including virtually all disciplines. In addition, there are large numbers of seminars, colloquia, and public lectures organized by both faculty and students which are open to all students.

Situated on Long Island Sound, the surrounding Southern Connecticut area provides outstanding recreational opportunities. The following are a few of the many municipal facilities: New Haven's public beach is at Lighthouse Point where there are bathhouses, picnic areas and sports facilities. Sailing lessons, recreational sailing, and sailboat racing are available during the summer at the Yale Yacht Club for members of the Yale community. Swimming, boating and picnicking are also available at Chatfield Hollow State Park, 15 miles east of New Haven and Indian Wells State Park, approximately 12 miles from New Haven. There are extensive woodland areas for camping and fishing. Several miles of beach are available at Hammonasset Beach State Park, 15 miles from New Haven. Sleeping Giant State Park, 10 miles from New Haven, has excellent hiking trails which take you up and down the "body" of Sleeping Giant Mountain. Skating rinks, both indoor and outdoor, can be found in the suburbs. One example is the James E. Coogan Pavilion, an outdoor facility located in New Haven's Edgewood Park

Not far from the city are the following ski areas: Mohawk Mountain, the largest ski area in Connecticut, has two chair lifts and rope tows; Mt. Southington, which also has night skiing; and Powder Ridge with four chair lifts. The facilities of the Yale Payne Whitney Gymnasium, as well as the Yale Golf Course, Yale Yacht Club, tennis courts, and Ingalls Skating Rink are available for the residents' use. The Yale Aviation Club is a means for Yale-associated people to enjoy general aviation in a cost-effective way. The New Haven Coliseum features spectator sports, ice shows, circuses and many other events.

# GERIATRIC PSYCHIATRY FELLOWSHIP TRAINING PROGRAM

## OVERVIEW

The Geriatric Psychiatry Fellowship Training Program at Yale offers a rich combination of experiences designed to provide psychiatrists with expertise in the diagnosis and treatment of neuropsychiatric disorders in late life, to develop skills as educators, and to stimulate interest in research. The program provides opportunities to learn about the social, legal, and financial issues associated with the care of older adults. The program is an ACGME approved 12-month fellowship, with the opportunity to pursue an additional year of research training within the field of Geriatric Psychiatry. The program provides supervised clinical training in a broad array of settings including: outpatient specialty clinics, inpatient units, nursing home settings, inpatient and outpatient consult-liaison services, home based services, community based offices and clinics, and both inpatient and outpatient based research programs. Yale-New Haven Hospital and the VA Connecticut Healthcare System are the primary facilities where training occurs.

## CLINICAL EXPERIENCES

### Geriatric Psychiatry/Medicine Co-Practice Program

This rotation is designed as a 6 month, half-time assignment in collaboration with Geriatric Medicine for the care of older patients suffering from concomitant medical and psychiatric illnesses. Geriatric Psychiatry and Medicine fellows care for patients within the same clinic setting and often co-manage complex patients. Fellows have the opportunity for formal and informal consultations with on-site faculty from psychiatry and medicine on a daily basis for both new and established patients. The clinic serves as a training site for students from the Yale University School of Medicine, advanced practice students from the Yale University School of Nursing, and for students from the University of Connecticut School of Pharmacy. It also serves as a training site for Department of Psychiatry residents from the PGY3 –PGY4 years. Fellows play an active role in the education of students and residents from these diverse disciplines in the evaluation and treatment of older patients presenting with neuropsychiatric illnesses.

The training experience is enhanced by a weekly didactic seminar series held jointly with geriatric medicine, and a weekly journal review session with fellows, residents, and medical students rotating on the geriatric psychiatry service.

### Geriatric Psychiatry Inpatient Program

This rotation is designed as a 6 month, part-time rotation. The educational objectives are to develop clinical expertise in the diagnosis and management of complex psychiatric and medical disorders in older patients, and to learn sophisticated strategies for pharmacologic and behavioral treatment of geriatric disorders in the inpatient setting.

Fellows serve as a “junior attending” taking leadership of the interdisciplinary treatment team. In that role they learn management and decision making skills necessary to run an inpatient unit. Fellows have the opportunity to develop educational expertise as they provide direct supervision of PGY-2 psychiatry residents and Yale medical students.

The training experience is enhanced for the fellows by daily interdisciplinary teaching rounds and individual faculty supervision. Case based teaching includes interdisciplinary perspectives and review of the pertinent current literature.

## The Yale Alzheimer's Disease Research Unit

This rotation is designed as a yearlong clinical experience in which fellows rotate through half-day clinics. Fellows join an interdisciplinary clinical and research team that provides clinical care, caregiver support, and conducts research trials. Fellows learn state-of-the-art methods for assessment of dementia, are exposed to the latest developments in neuroimaging and treatment for Alzheimer's disease, and have the opportunity to learn about current theories of the pathophysiology of dementia and the rationale for investigational therapies.

Fellows serve as an integral part of this treatment/research team and have supervisory and teaching opportunities with Department residents and Yale medical students rotating through the Unit.

The training is enhanced by individual faculty supervision, weekly research meetings where fellows learn skills necessary to critically evaluate both research methodology and current findings in the literature, and by weekly case conferences, which often include a didactic component.

## Nursing Home Consultation

This rotation is a continuous yearlong, half-day assignment, where fellows learn the comprehensive assessment and consultation skills of a geriatric psychiatrist in the nursing home setting. Fellows gain expertise in the evaluation and management of residents with co-morbid psychiatric and medical illnesses. Management of behavioral disturbances associated with dementia is a fundamental task in the nursing home setting. Fellows work closely with nursing home staff to evaluate behavioral problems and develop management strategies. They also collaborate with the patient's medical physician to investigate possible medical causes of delirium or behavioral change. Fellows have the opportunity to learn about the enormous psychological and social impact that nursing home placement has on an older individual and his/her family, and to gain an understanding of the financing of such care.

Supervision is provided on-site by geriatric psychiatry faculty. Opportunity also exists for fellows to assist in the in-service training of nursing home staff.

## Consultation-Liaison Service

This rotation is a 2 month, quarter time rotation where the geriatric psychiatry fellow serves as the consultation-liaison psychiatrist assessing elder patients on the medical/surgical wards of a large tertiary care hospital. Fellows develop skills in assessing and treating elderly patients with complex medical, psychiatric, and psychosocial disabilities. Fellows will learn about the psychiatric and behavioral manifestations of acute medical illness in the context of a busy acute care medical setting. They will also gain experience in analyzing complex drug interactions and interpreting laboratory and imaging data sets. Fellows will gain expertise in consultation-liaison techniques and learn to effectively communicate with other medical colleagues. They will also gain experience assessing decision-making capacity and knowledge of the medico-legal issues facing older patients in the context of acute inpatient medical/surgical care.

Supervision is provided at the bedside by attending faculty in geriatric psychiatry and consultation-liaison psychiatry. While the fellow is on this service she/he also attends weekly consultation-liaison rounds that consist of case presentations and pertinent literature review.

## Geriatric Psychiatry Case Management Service

This rotation is a 6 month, half-day per week experience where the fellow accompanies an interdisciplinary team making home visits to home-bound elder patients with neuropsychiatric illnesses. Fellows develop an understanding of the array of complex issues facing both the patient and caregiver as they attempt to manage and maintain the optimal quality of life at home. Fellows develop skills in functional home assessment, and working with the non-physician team. At times they are called upon to assess decision making capacity and/or safety concerns around the home.

Weekly individual faculty supervision and weekly interdisciplinary case management rounds in which the fellow participates enhance this training experience.

## DIDACTIC CURRICULUM:

### Geriatric Psychiatry and Medicine Fellows Seminar

This weekly seminar is run jointly by the faculty in Geriatric Psychiatry and Medicine, and is designed to give fellows from both disciplines thorough grounding in the essential topics in geriatric psychiatry and medicine. The seminars include a review of the relevant literature and give the fellows the opportunity to consolidate knowledge about the fundamentals of geriatric medicine and psychiatry. The fellows also have the opportunity to foster their own scholarship and develop skills for the critical analysis of the research literature around a pertinent topic.

### Geriatric Psychiatry Fellows Tutorial

This is a weekly tutorial for the geriatric psychiatry fellows that give them the opportunity to dig deeper into a topic of interest that may have arisen in a clinical situation. The tutorial is a blend of case discussion and relevant literature review, and gives the fellow another occasion to pursue independent scholarship.

In addition to these activities, many of the rotations offer site-specific rounds/seminars that include case based discussion and relevant literature review.

## CLINICAL RESEARCH PRECEPTORSHIP:

Fellows have the opportunity to pursue research interests during their clinical year of training. The faculty serves as research mentors and assists the fellow in the development of a research project. Opportunity also exists for fellows to participate in ongoing research projects. Fellows have the opportunity to apply for an additional year of research training.

## FACULTY

A variety of faculty participate in fellowship education. Four faculty, Paul D.S. Kirwin, M.D., Christopher H. VanDyke, M.D., Rajesh Tampi, M.D., and Robert M. Rohrbaugh, M.D. are primarily involved in the geriatric psychiatry training program. Other faculty such as Catherine Chiles, M.D., provide supervision on specific services. Clinical faculty such as Karl Otto Liebmann, M.D., and Joseph F. Fickes, M.D. provide supervision in selected settings. Other faculty participate on an as-needed basis. Five of these faculty have added qualifications in geriatric psychiatry. The faculty in geriatric psychiatry have been recognized for their

outstanding educational contributions. In recent years the geriatric psychiatry faculty have received seven outstanding teaching awards from the Yale Residents Association.

A variety of faculty participate in research. Their projects include studies in geriatric depression, dementia, normal aging, neuroimaging, traumatic grief, and effects of stress in the elderly, to name a few. These faculty welcome the involvement of fellows.

## FORENSIC PSYCHIATRY RESIDENCY PROGRAM

The aims of this one-year training program (for PGY-5 and above) are to provide clinical and didactic experience for residency trainees in Forensic Psychiatry. The major topic areas include the use of psychiatric expertise to aid in the resolution of legal issues, the treatment of patients in maximum security treatment centers/correctional departments, and the legal regulation of psychiatric practice. The goals of the program are not to encourage or promote psychiatrists to enter law school or to become legal experts, but rather to develop the skills-

1. To understand the needs of the legal system for psychiatric opinions in civil and criminal cases;
2. To consult and participate effectively in the legal system—maintaining appropriate boundaries and roles;
3. To become knowledgeable regarding current legal regulation of psychiatric practice such as civil commitment, confidentiality, privacy, informed consent, right to treatment, malpractice, and managed care;
4. To conduct forensic evaluations and prepare forensic reports;
5. To testify in court and before administrative boards;
6. To provide forensic consultations to general psychiatrists in inpatient, outpatient and correctional/security settings;
7. To provide leadership in organizing private, state, and community forensic services;
8. To read legal cases and distinguish holdings and dicta;
9. To research medical-legal questions using medical and legal databases, and search instruments and libraries on the internet;
10. To master the technique of critical review of forensic literature and to develop the elements of written presentation in forensic scholarship;
11. To become knowledgeable regarding the ethical guidelines for the practice of psychiatry and forensic psychiatry.

This program is designed with sufficient flexibility so that it will be able to accommodate psychiatrists with little or no prior experience to those who may have fairly extensive experience in certain areas, but are deficient in others. The three major elements of the program consists of:

- I. Clinical and Consultative Work
- II. Course Work
- III. Scholarship and Teaching

### Clinical and Consultative Placements

The source of the flexibility in the program is based on the wide variety of supervised clinical settings which are available. We propose that trainees elect at least two to three placements during the course of the year and that a minimum of six months is spent in each of the placements. The placements which have evolved into valuable training experiences include:

- 1. Connecticut Mental Health Center,**

**a. Law & Psychiatry Division;**

Howard Zonana, MD, Director; Michael Noriko, MD, Deputy Training Director Paul Thomas, JD;; Judge Linda Lager;; John Young, MD; Paul Amble, MD; Todd Alford, MD, Patrick Fox MD, Justin Schechter MD, Ezra Griffith MD, Susan Devine, MSN, Madelon Baranoski, PhD, Vladimir Coric MD

**b. New Haven Court Clinic:**

Susan Devine, MSN, Director; Madelon Baranoski, PhD, Associate Director

**c. Court Diversion Program:**

Madelon Baranoski, PhD; Laura Peterson, RN

**d. Research Section:**

Ezra Griffith, MD; Madelon Baranoski, PhD

The Law and Psychiatry Division and the New Haven Court Clinic represent the “home base” for residents in the Yale University School of Medicine Forensic Residency Program. A placement in this Division affords an opportunity for clinical work, research and teaching. The Court Clinic, within the Law and Psychiatry Division, now has full responsibility for all “competency to stand trial” evaluations in the Greater New Haven area amounting to approximately 150-200 evaluations per year. We utilize these evaluations as the initial forensic experience for second year psychiatric residents in our program. They are also used for residents who have not had any prior experience testifying in court. The forensic residents do these evaluations individually with supervision, or they are placed on a clinical team consisting of a physician, a psychologist and a social worker or a psychiatric nurse clinician. This team evaluation is authorized under Connecticut statutes to perform competency evaluations. In our experience these examinations allow the residents a “gentle” introduction to working with attorneys, observing prisoners in jail settings, and testifying under conditions which are relatively routine. The Court Clinic provides one to two evaluations per week of this type under close supervision until there is sufficient mastery in preparation of court reports, testifying and understanding the associated theoretical material, at which time more complicated cases will be assigned.

In addition, the Division receives requests for insanity defense, pre-sentence, custody, termination of parental rights as well as civil commitment and forced medication evaluations. Depending on the residents’ interests and abilities, we can focus and direct such evaluations to them. Civil and criminal cases are also referred to faculty, and the residents work with faculty on cases which are deemed educationally useful.

Supervision for this work is provided in several ways. First, all cases accepted by the Division are screened by Dr. Zonana and/or faculty. Second, two meetings are scheduled weekly when all cases currently being evaluated are reviewed and discussed by Division faculty and trainees. Following the group discussion, a report is drafted with the final report also reviewed by Dr. Zonana and/or other appropriate faculty. During the early stages of the program, the faculty may accompany the residents to observe evaluations, court hearings and subsequently review the testimony. As the trainees become more experienced, they work more independently, although the faculty continues to monitor and review all work and reports.

It is anticipated that, as the forensic residents gain experience, they will also begin to supervise some work of beginning second year residents, as well as to make contributions to the training seminars. In the latter context, they will be asked to review and present discussions of didactic

material to the group.

Scholarly activities are addressed in research seminars. The purpose of the seminar is to focus on scholarship in forensic psychiatry, providing the members the opportunity to participate in reviews of forensic literature and preparations/publication of legal case analysis, editorial commentary, abstracts for meeting presentation and journal articles.

**2. Whiting Forensic Division of Connecticut Valley Hospital (CVH)**

Rotation Supervisor - Michael Norko MD; Director - James Cassidy, JD, PhD; State Forensic Director - Gail Sturges, LCSW

This Division contain 270 inpatient beds located in Middletown, Connecticut, on the grounds of the Connecticut Valley Hospital. The hospital is accredited by JCAHO and CMS It is 35 miles from New Haven (45-minute drive). The Whiting Unit is a maximum security facility under the aegis of the Department of Mental Health and Addiction Services, and receives patients from several sources.

**3. The Jerome N. Frank Legal Services Organization, Yale Law School**

Director, Jay Pottenger, JD

Other faculty include Steven Wizner, JD; Carroll Lucht, MSW, JD; Robert Burt, JD

**4. State's Attorney Offices**

New Haven: Michael Dearington, JD

Milford: Mary Galvin, JD

**5. Public Defender Offices**

Federal: Paul Thomas JD

**6. Department of Correction**

Manson Youth Institute: Karen Brody MD

Niantic Correctional Center: Michael Champion MD & Umberto Temporini MD

**7. Department of Children and Families**

a. Long Lane School: Janet Williams MD

b. Riverview Children's Hospital: Annemarie Caracansi MD

## THE ADDICTION PSYCHIATRY PROGRAM

### Philosophy, Goals and Objectives:

The purpose of the Addiction Psychiatry Residency Program is to provide advanced (PGY-5 and beyond) training in the evaluation, treatment, research, and teaching of substance abuse. At the end of the training year, the addiction psychiatry resident should be well prepared to sit for the specialty board examination and function independently as an addiction psychiatrist and at the consultant level.

Addiction psychiatry residents will have supervised clinical experience with adolescent and adult substance abusing individuals with a full range of co-morbid psychopathologies and substances of abuse. They will provide assessment and consultation services for the purpose of evaluating the presence and degree of co-morbid psychopathology, the need for psychotropic medication to better manage substance abuse and psychiatric symptoms, and suitability of the patient for treatment with various types (e.g., individual vs. group) and intensities (e.g., outpatient vs. inpatient) of psychosocial services. Addiction psychiatry residents will provide the full range of psychosocial services including individual, group and family therapy of brief and longer duration and under psychotherapy supervision in a variety of theoretical orientations. They will also become significantly involved in one or more areas of research. Thus, residents will develop the various skills necessary to function independently as a consultant in the field of addiction psychiatry.

*For those residents interested in research or in pursuing an academic career, they have the opportunity to develop, implement, and conduct a substance abuse-related research project under a faculty mentor and present the results at a scientific meeting and/or submit for publication. Addiction psychiatry residents will work closely with faculty who are leaders in the field of substance abuse research. They will become centrally involved in at least one ongoing research project or one of their own design. In the context of this involvement they will learn about issues related to research design, the ethical and professional conduct of scientific research, the peer review process, human subjects, and communication of scientific results to colleagues. It is expected that, with faculty input, they may develop a project that can be reasonably completed within the twelve-month training period and submitted for presentation or publication.*

## CONSULTATION-LIAISON PSYCHIATRY FELLOWSHIP

### Veterans Administration/Yale University School of Medicine

The VA Psychiatry Consultation-Liaison Service at Yale University School of Medicine offers a full-time, one-year, PGY5 fellowship position, July 1, 2003 through June 30, 2004. The C-L Service is an active training site of the Yale Department of Psychiatry for PGY2, 3 and 4 psychiatry residents, medical students, and fellows in addiction, and geriatric psychiatry. Psychiatry C-L fellows gain expertise in psychiatry consultation across the adult life cycle, in *inpatient* Medicine/Surgery services as well as in on-site *outpatient* Primary Care and Women's Health clinics. Fellows provide consultation and/or liaison to the National Center for PTSD, Eastern Regional Blind Rehabilitation Center, Addiction and Geriatric Psychiatry Services, all located at the VA.

The fellowship offers unique opportunities to collaborate with primary care clinicians, and with inpatient Medicine chief residents for joint, medicine-psychiatry conferences. C-L fellows teach other colleagues (fellows, residents and medical students) at the bedside, and in semi-weekly didactic rounds. Fellows may pursue a vast array of electives, from ECT to CBT! They may attend weekly Departmental Grand Rounds hosting nationally recognized speakers from around the country and throughout the Department at Yale. Fellows may also conduct research in C-L psychiatry, whether joining service attendings in current national research projects in health services research, the medicine/psychiatry interface, or by developing new projects.

Fellows receive supervision by board-certified psychiatrists who have 36 years of combined experience in C-L psychiatry, and additional qualifications in geriatric psychiatry and public health. The C-L attendings, who are all Yale faculty members, are the recipients of 6 teaching awards by the Yale Psychiatry Residents Association.

Candidates must have completed an approved residency in Psychiatry. Fellows receive fellowship certification by the Yale Department of Psychiatry. Please send your CV and two letters of recommendation by fax (203) 932-3886 to Catherine Chiles, MD, Director, Psychiatry Consultation-Liaison Service, or call (203) 932-5711 extension 2474 for further information.