

Children's Hospital Boston



Child & Adolescent Psychiatry



Residency Training Program



Harvard Medical School



Children's Hospital Boston *A teaching affiliate of Harvard Medical School*

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July 2009

Dear Applicant:

Thank you for inquiring about our training program in Child and Adolescent Psychiatry at the Children's Hospital Boston. In the academic training cycle 2009-2011, our program celebrates its 56th anniversary; having offered accredited training in Child and Adolescent Psychiatry since 1953. Our program has graduated well over 300 distinguished child and adolescent psychiatrists who have gone on to successful careers in the administrative, clinical, teaching, and research realms, that includes the contributions made by our graduates in over 2,000 scholarly publications. Our cutting-edge services are efficacy-based and multi-modal. Preventive interventions are a part of all good care. Our faculty has spearheaded some of these efforts, and is actively working to integrate them into the training program as we continually evolve to meet the critical training needs of developing child and adolescent psychiatrists.

We look forward to our meeting and discussing our program and your interests further.

Sincerely,

Enrico Mezzacappa, MD
Residency Training Director
Assistant Professor of Psychiatry, Harvard Medical School

David R. DeMaso, MD
Psychiatrist-in-Chief & Chairman of Psychiatry
The Leon Eisenberg Chair in Psychiatry
Professor of Psychiatry & Pediatrics, Harvard Medical School

THE DEPARTMENT OF PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON

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THE DEPARTMENT OF PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON



OUR DEPARTMENT VISION

Striving for Excellence – To be a national leader in child & adolescent mental health care

OUR TRAINING MISSION

Educate the next generation of child and adolescent psychiatrists to provide excellence and leadership in child mental health

CHILD & ADOLESCENT PSYCHIATRY – OUR TRAINING APPROACH

We in the Department of Psychiatry at the Children's Hospital Boston recognize that human development is shaped over time by dynamic transactions between biology and experience. We contend that successful development and developmental psychopathology are best viewed as resulting from successes or failures in attachment and self-regulation; the latter occurring in one or more of the domains of affect, thought, and behavior. This vantage point provides useful scaffolding upon which to organize and integrate the biological, psychological and social contributions to mental health and illness within an overarching, contextualized developmental framework.

In such a framework the child and adolescent psychiatrist with a holistic view of developmental psychopathology is able to appreciate the roles played by the broader social context that families live in, the contributions of families and caregivers themselves, and the risks presented by biological factors that can lead to adaptive and maladaptive outcomes in child development. The child and adolescent psychiatrist trained in this manner is able to consider a full complement of evidence-based interventions in order to address causal factors identified in each of these spheres of influence.

We want to train child and adolescent psychiatrists to help children achieve lasting self-regulation so that they may function better within themselves, with their families, with peers, in school, and in their communities. We want to provide this training in a broad range of settings – schools, community mental health centers, courts of law, and of course the hospital – so that residents have an opportunity to master the unique

challenges posed by each service venue. Furthermore, we want to provide training in a full spectrum of intervention modalities – from prevention, to early intervention, to clinical treatment – so that residents are prepared to provide services in each of these domains. Our primary means of attaining these goals is an experiential teaching model that pairs residents with faculty – whether in the acute inpatient psychiatric or consultation-liaison settings, the outpatient clinic, or community settings – so that clinical care and teaching are never separated from each other. With the proximity of experienced faculty, these diverse venues can provide innumerable opportunities for residents to observe, to learn and to practice the core competencies that are central to the work of a well-trained child and adolescent psychiatrist: namely, patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice.

Finally, we believe that we must provide child mental health services that emphasize family centered and culturally competent care, increased accessibility, established practice parameters, outcome assessment, and community-based partnerships. We stress accountability and quality in our training program. We embrace research that informs clinical practice and that involves interdepartmental collaborations.

Ultimately, we expect that our graduates will improve the quality of life and reduce the burden of suffering for children and families that face disabling mental illnesses, and foster the successful development of all children. We anticipate that our alumnae will work across the spectrum of clinical and research settings using existing evidenced based approaches or investigating new ones; and that they will work to empower patients, families, and communities through mental health advocacy at multiple levels.

Future Directions

Child and adolescent psychiatrists are facing a time of tremendous opportunity and challenge. There has been remarkable progress in behavioral science ranging from our expanded knowledge base, to the introduction of new medications, to the development of manual-based treatments. We have entered an era of neuroscience that will rewrite our understanding of development, mental health and mental illness, and change the very nature of our practice. We have come to realize the pivotal role that experience can have on developing brain architecture, and therefore the role preventive interventions can play in mental health and development.

Yet, even with all this progress, the gap between “what we know” and “what we do” remains very wide. The stigma of mental illness lingers and continues to hamper advocacy efforts on behalf of accessible, quality mental health care for all. Our mental health system is characterized by fragmented care, service gaps, access problems, inadequate service payments, and insurance carve outs. We face significant challenges

in the need to implement parity legislation and a national clinical trials registry, while responding to the critical shortage of qualified child and adolescent psychiatrists.

At Children's, we believe that we must translate "what we know" into "what we do" across the entire spectrum of psychiatric illnesses and settings where children and their families seek care. We must bring "knowledge to children and families." We must continue our mental health advocacy efforts on behalf of children and their families. We must emphasize community-based partnerships, such as those with educators and pediatricians who share our concerns about the mental health and well-being of children and adolescents. It is in the context of these remarkable times that we must help prepare the next generation of leaders in child and adolescent psychiatry. We want to prepare leaders who can meet the present and future challenges in our field and take leadership roles in addressing them.

David R. DeMaso, MD
Psychiatrist-in-Chief &
Chairman of Psychiatry

Enrico Mezzacappa, MD
Residency Training Director

PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON - OUR TRAINING SITES



Our Clinical Programs

Our Department is comprised of “four” clinical services: outpatient, consultation, inpatient, and community. With approximately 15,000 outpatient visits, 1,000 medical consultations, 400 inpatient admissions, and 3,500 community visits each year, our Department provides critical integrated clinical services and preventive interventions to the Boston community, the Commonwealth of Massachusetts, as well as greater New England, for children and families of all socioeconomic, ethnic-racial and cultural backgrounds.

The **Outpatient Psychiatry Service (OPS)** offers comprehensive assessment and treatment services to children and their families. Using psychoeducational, cognitive, behavioral, dynamic, and psychopharmacologic treatment approaches in individual, family, and group modalities, the outpatient program provides solution-focused care specifically helping patients and their families to effectively manage emotional and behavioral problems. There are four distinct programs subsumed under this service: 1) Pediatric Psychopharmacology, 2) Neuropsychology, 3) Emergency Psychiatry, and 4) Psychosocial Treatment (PSTP). The PSTP also includes several specialty teams: the Latino Clinic, Group Therapy Program, Mood Disorders Clinic, and Medical Coping Clinic. The OPS is the primary venue where our residents learn evidence-based approaches for the ongoing treatment of disruptive, anxiety, and mood disorders, as well as family focused preventive approaches for affective disorders.

The **Pediatric Psychiatry Consultation Service** (Consultation Service) is one of the nation’s leading and largest psychiatric consultation programs. Staff and trainees provide diagnostic and treatment services to all in-house Children’s Hospital Boston medical and surgical wards. Working closely with consultation attendings, our residents learn first hand about the critical collaborative interface between pediatrics and psychiatry, while gaining an understanding of systems interventions that are critical to all types of consultative work (i.e., with primary care pediatrics and school settings), as well as a deeper understanding of the illness experiences of children and their families.

Inpatient psychiatry is a cornerstone experience in any training program, where residents learn the fundamental diagnostic and therapeutic skills to work with the most severely disturbed and dysregulated patients in an interdisciplinary setting. The **Richmond Psychiatry Inpatient Service** is a 16-bed inpatient unit that specializes in

caring for children ages 8 to 18 years who struggle with depression, psychosis, anxiety, eating disorders, and other psychiatric illnesses. This unit also has unique expertise in treating children with serious co-morbid medical illnesses such as brittle asthma and diabetes, which are often vehicles through which emotional and behavioral problems are expressed. Using an integrative focal treatment planning model, our residents learn how to identify in an effective, focused manner the problems that brought about a child's admission, and the implementation of targeted treatment approaches that allow a child to return to a less restrictive environment for ongoing care.

The Children's Hospital Neighborhood Partnerships (CHNP) is an innovative community mental health program based in 16 schools, both public and private, and 6 community health centers throughout the Greater Boston area. CHNP concentrates its efforts on those neighborhoods that have a high prevalence of risk factors, such as single parent households, families living in poverty, substandard housing, and health concerns such as low birth weight. The goal of CHNP is to spark systemic change in the provision of mental health services fourfold: by expanding access to mental health services for underserved children; by providing mental health training for practitioners; by increasing knowledge of mental health disorders and building capacity in community-based partner organizations to prevent and address mental health concerns; and by advocating for policy changes that support the creation of an effective mental health system.

In CHNP, our residents are exposed to a comprehensive continuum of services that incorporates the best existing practices in prevention, as well as in the clinical assessment and treatment of children and their families in community settings. Major CHNP program components include on-site mental health consultants in schools, community health centers, and other community organizations; case management services for families in schools that promote connections to community health centers and other community-based resources; special assessments and services for children who have co-morbid medical, emotional, academic and behavioral issues; and larger-scale prevention programming to provide education and support to students, families and staff around concerns such as depression and suicide, bullying, and sexuality.

In addition, through long standing collaborative relationships with the Departments of Medicine and Neurology at Children's Hospital Boston, our residents participate in multidisciplinary specialty clinics in addictions (Adolescent Substance Abuse Program), developmental disabilities (Developmental Medicine Center), and child neurology. Our Department also partners with the Cambridge Superior Court to provide a comprehensive forensic experience for our trainees in the Family Probate Court clinic.

Center for Behavior Science – Our Research Program



The mission of the **Center for Behavioral Sciences** (CBS) is *knowledge for children and families*. The CBS is conceived as a research institute to generate knowledge that will impact the emotional, behavioral, social, and cognitive health of children and their families. Grounded in the Department of Psychiatry's overarching vision, the priorities of the CBS are to identify critical gaps in the knowledge-base required to reduce the burden of mental illness on children and families, and to propose research to fill these gaps. These priorities include: 1) research that is guided by well-grounded appreciation of development, particularly the developing brain in its social context, 2) research that crosses traditional disciplinary boundaries, and 3) research that goes "From Neurons to Neighborhoods".

We have structured the clinical aspects of our residency training program so that the majority of experiences required by the ACGME are completed in the first year, allowing substantial discretionary time in the second year for personal pursuits, including research. Our residents are strongly encouraged to participate in research. Residents may attend regularly scheduled open meetings in the CBS in order to meet faculty who may then serve as research mentors, so that they become aware of the opportunities open to them. Residents who intend to pursue research in earnest are assigned mentors who work directly with them to develop ideas for projects.

The *Stuart J. Goldman Child Psychiatry Resident Development Fund* provides financial support to second-year residents to carry out research projects of their own. The goal of this award is to help residents complete an independent project that leads to the preparation and presentation of an original poster at a national meeting, and may also serve as the basis to apply for research fellowships after child psychiatry training.

In addition to the CBS, through its *Clinical Research Program* (CRP) the Children's Hospital, Boston offers the opportunity to all trainees to enroll in courses in basic clinical research design, biostatistics, and the use of statistical software packages.

Child & Adolescent Mental Health Initiatives – Our Advocacy Program



Our Department is a strong, active advocate, nationally, regionally and locally, for the highest quality mental health services for children and families. Our Child and Adolescent Mental Health Advocacy Initiative (CAMHAI) is an office that works with community groups, consumer advocates, healthcare providers, educators and policy makers to improve mental health services and access for children and families through policy and through community-based solutions. We consider it important that our residents be exposed to child mental health advocacy. Therefore, they all receive instruction in advocacy issues and efforts through seminars given by the staff of our CAMHAI. In addition, we encourage residents with specific interests in this area to directly participate in our ongoing advocacy efforts (e.g., *Children's Mental Health Campaign (CMHC)* and *Boston's Thrive-in-Five School Readiness Initiative*).

CMHC was successful in introducing legislation in Massachusetts that incorporates elements of each of the coalition's recommendations. The legislation calls for changes that will: 1) Identify mental illness earlier in children by reaching them in familiar and easily accessible settings, especially schools, early education programs, and pediatricians' offices, 2) Ensure that when identified, the illness is treated in the least restrictive, appropriate setting, 3) Improve insurance coverage for children with mental health needs, and 4) Restructure the oversight, evaluation and provision children's mental health services administered by the state.

Boston's Thrive-in-Five School Readiness Initiative is a second major advocacy challenge taken up by our Department that involves collaboration with the Mayor's office of the City of Boston and the Boston Public Schools, in an effort to address factors known to contribute to the academic achievement gap among poor, inner-city children. This process involved the creation of a coalition from the public and private sectors of Greater Boston of experts and leaders in the field of childhood education, early child care, community service delivery, child development, and child and family mental health. After nearly a year of meetings dedicated to identifying key causal factors and potential solutions, this committee is now in the stages of implementing specific recommendations made to the Mayor's office, and setting up mechanisms to oversee the implementation and evaluation of the impact of the proposed action plan designed to improve the status of poor, inner-city children and their families.

International Child Mental Health Training - Our International Program



In keeping with our Department's commitment to innovative quality mental health care for all children and families in need, we have established an International Child Mental Health Program (ICMH). The IMCH is sponsored by our Department and by the Department of Social Medicine of the Harvard Medical School. This program provides a venue for the faculties and students of Harvard University and other educational institutions in the Boston area to share their interests and activities related to child and adolescent international mental health. The program convenes symposia on selected topics of interest to the Harvard community and other interested parties. Our Department offers a formal training experience for international students, and we have active, ongoing collaborations with mental health professionals and academicians in China, Costa Rica, Finland, Nigeria, and Turkey. These collaborations include initiatives to improve access to quality mental health care, establishing school-based mental health programs, and providing preventive interventions to families at risk for depression.

As a result of all these activities, our residents have the opportunity to learn directly from colleagues from around the world about the challenges of providing quality mental health care to children and families outside the United States. Finally, through the Refugee Program at Children's Hospital, Boston, our residents may do clinical work with children and families from around the world who have been displaced as a result of war, civil unrest, terrorism, or natural disasters.



Children's Hospital Boston

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION - Year I

It is a universal challenge in medical education that residents are first exposed to patients with the most complex problems and greatest needs when they themselves are the least experienced in terms of their own professional development. Realizing this, we have structured our two-year program to provide a graded learning experience for our residents that is built upon direct, readily available supervision and role modeling. The program is designed to provide timely, relevant instruction and supervision around the fundamentals of child psychiatry that are responsive to the residents' growth as developing professionals, and acknowledges the challenges of entering a new field.

The organization and structure of our clinical rotations and our experiential approach to clinical supervision lend themselves to a flexible approach across our training sites. This allows us to provide intense, hands-on supervision when and where it is needed, taking full advantage of critical teaching moments, as well as flexing to allow increasing autonomy as each resident demonstrates their emerging competencies. In addition, upon entry to our program, each new resident is assigned a faculty mentor who remains with that resident for the full two-years of training. The primary responsibility of mentors is to guide residents in the process of professional self-awareness and self-discovery as they are exposed over time to the training experiences we offer in our program.

The first year of training is designed to provide our residents with the core clinical skills of assessment and intervention that are crucial to all clinical settings from the psychiatric inpatient unit and medical consultation service, to the outpatient clinic and emergency department. In each context, developing excellence in case formulation and treatment planning are the core concepts that inform all their work. The clinical rotations are integrated with the didactic and supervisory experiences to ensure that relevant medical knowledge is imparted in a timely fashion

The first year is divided into **three 4-month rotation blocks: inpatient, outpatient and consultation psychiatry**. In conjunction with these rotations, residents also participate in a 12-month continuity clinic, and in year-long didactic seminars.

Year I Outline

| | |
|-----------|---|
| 4 months | Richmond Psychiatry Inpatient Service |
| 4 months | Pediatric Psychiatry Consultation Service |
| 4 months | Outpatient Psychiatry Service and Specialty Clinics |
| 12 months | Outpatient Psychiatry Service (one afternoon) General Clinic - 3 hours/week Psychopharmacology - 2 hours/week |
| 12 months | Core Seminars |

Richmond Psychiatry Inpatient Service In this setting our residents function as the primary clinician for two patients, and provide medication management for two additional cases. During this four-month rotation, residents receive supervision from their team attendings and staff social workers as well as from the medical director. In keeping with our experiential model of training, attending staff, social work staff and residents routinely see patients and families jointly. Residents are expected to sign out their pagers to their attending when they are in clinic or in seminars, so they may pursue these protected activities without interruptions. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the inpatient psychiatric service.

Pediatric Psychiatry Consultation Service Working on the interface between psychiatry and pediatrics challenges the resident to refine his/her differential diagnostic skills and systems management skills, and to develop and implement comprehensive treatment plans in a non-psychiatric milieu. During this four-month rotation, the resident works closely with the consultation attending of the day to evaluate and then follow patients during their medical hospitalization. Here again, residents are expected to sign out their pagers to their attending when they are in clinic or in seminars, so they may pursue these activities without interruptions. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the medical service.

Throughout the course of the first year, residents maintain a continuity clinic in the **Outpatient Psychiatry Service** one afternoon each week. This clinic is devoted to assessment, and ongoing psychotherapy and psychopharmacology. The clinic is supervised by onsite precepting attendings, who see patients jointly with residents and who review each day's work with the resident. In addition each resident is assigned a therapy advisor and a psychopharmacology supervisor who review ongoing cases

individually with the resident as part of the educational experience, but in a more traditional supervisory format.

In addition to this 12-month continuity clinic, for four months during the first year residents perform their primary clinical duties and training in a variety of outpatient settings. These include an expanded clinic with an additional afternoon each week in Outpatient Psychiatry devoted to consultations and second opinion evaluations, one afternoon each week in **(child) Neurology clinic**, one morning each week in the **Developmental Medicine Center**, and 2 half-days each week in the **Adolescent Substance Abuse Program**.

During this rotation residents also frequent a local **Head Start** center and a **Boston Public School** one afternoon each week. The Head Start experience is intended to help residents become more familiar with a range of typically developing pre-school aged children, to become comfortable interacting with them, and to see how children function in a normative, community setting with educators and their peers. The public school experience combines the normative observation of a wider age range of typically developing children from kindergarten to middle school, with the added opportunity to provide clinical consultations in the school setting.

Throughout both years of training residents take emergency call, providing acute care for patients presenting with psychiatric emergencies in multiple hospital contexts, including the emergency department, the inpatient psychiatry unit, and the general hospital. Emergency evaluations and treatment are core skills for the child and adolescent psychiatrist. We provide a progressive, structured and supervised set of experiences to ensure the development of these critical abilities. Beginning with a gradual phase-in involving shadow calls and seminars during the summer of the first year of training, and continuing with ongoing case teaching, the residents have the support and structure needed to master the challenges they face when providing emergency psychiatric care.

Children's Hospital Boston

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION - Year II

With the transition to the second year of training comes the expectation that our residents will begin to express their developing skills and competencies more independently. We continue to provide an experiential teaching model where senior staff are present on-site at all times and are available to jointly see patients and families with our residents, but residents progress to spending more time seeing their patients and families independently.

The second year of residency training is designed to build in breadth and depth upon the core skills and competencies that our residents' began developing during their first year of training, and to allow them to pursue specific areas of their own personal interest. Our seminars, supervision, and clinical rotations are all structured and integrated to accomplish these goals; so that by the end of the second year our residents feel prepared to enter the field of child and adolescent psychiatry in the particular areas of their choosing. The mentorship that we provide from the very beginning of the two-year residency plays a critical role all along in facilitating each resident's continued professional development and their transition to practice and other career choices.

The core clinical experiences of the second year are a twelve-month hospital-based outpatient psychiatry experience, **a six-month community-based experience, and a three-month family court forensic experience.**

Year II Outline

| | |
|-------------------|--|
| 12 months | Outpatient Psychiatry Service (one AM & two PM's) General Clinic - 6 hours/week Psychopharmacology - 6 hours/week |
| 3 month rotation | Cambridge Family Court Clinic - 4 hours/week |
| 6 month rotations | Children's Hospital Neighborhood Partnerships: Manville School - 6 hours/week or Community Health Center - 6 hours/week |
| 12 months | Elective Time (8-12 hours/week) |
| 10 months | Core Seminars |

On the **Outpatient Psychiatry Service**, residents increase their clinical time from one to three half-day clinics per week. The second year outpatient experience builds upon their developing skills of assessment, psychotherapy and pharmacotherapy, refining these skills through the experience of working with a wider range of patients. The resident can select to have one of these clinics be in an outpatient specialty area (i.e., Medical Coping, Mood Disorders, Latino, or other). The supervisory structure for this expanded outpatient experience is the same as that for the first year, with the distinction that more precepting attendings and therapy advisors are involved in the teaching and supervision of each resident. During the course of the second year, each resident also participates in at least one 12-week group therapy experience as a co-facilitator with a senior staff social worker. Residents may also elect to do more groups.

In addition to the hospital-based outpatient psychiatry experience, all second-year residents have a six-month rotation working in the **Children's Hospital Neighborhood Partnerships (CHNP)** in a community health center. The same type of on-site supervision that follows the precepting attending model of the hospital-based clinic is provided, so that residents can see and discuss patients jointly with the on-site clinic attending. Since we have several community-based settings to offer as training sites in the CHNP, residents may choose a site based on their interests and inclinations to work with a particular population.

The **Cambridge Family Probate Court Clinic** affords our residents the opportunity to learn under supervision the skills needed to function as a consultant to the legal system around matters related to the mental health needs and best interests of children who find themselves in the midst of domestic disputes such as custody and visitation battles.

Over the **course of the entire second year** of training, residents have from **8 to 12 hours/week of elective time** to pursue any particular areas of clinical, research or administrative interest they may have. Faculty mentors play an essential role in helping residents plan for these opportunities.

Children's Hospital Boston

CORE SEMINARS

The core didactic seminars in our child and adolescent psychiatry residency are an integrated series designed to cover child development, developmental neuroscience and mental health topics from the historical to the most contemporary. They draw upon the resources of the Children's Hospital Department of Psychiatry and the Consolidated Department of Psychiatry at Harvard Medical School.

YEAR I

Consolidated Department of Psychiatry Collaborative Core Seminar

| | | |
|------------------------------------|------------|----------|
| Development/Devel. Psychopathology | 3 hrs/week | 40 weeks |
|------------------------------------|------------|----------|

Department of Psychiatry at Children's Hospital Boston Core Seminars

| | | |
|--|-------------|-----------|
| Intensive Orientation Seminar (Summer) | 8 hrs/week | 10 weeks |
| Psychotherapy Seminar | 2 hrs/week | 40 weeks |
| Psychopharmacology Seminar | 1 hr/week | 48 weeks |
| Psychiatry Grand Rounds | 2 hrs/month | 10 months |
| Interdisciplinary Case Conference | 1 hr/month | 12 months |
| Morbidity and Mortality Conference | 1 hr/month | 12 months |
| Rotation Specific Didactics | Weekly | 4 months |

YEAR II

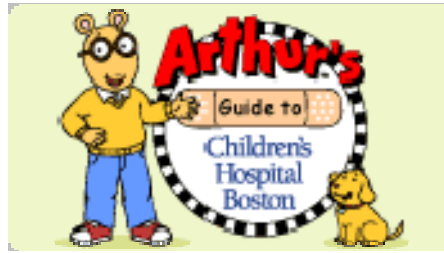
Consolidated Department of Psychiatry Collaborative Core Seminar

| | | |
|----------------------------|--------------|----------|
| Quantitative Psychiatry | 1 ½ hrs/week | 12 weeks |
| Developmental Neuroscience | 1 ½ hrs/week | 12 weeks |

Department of Psychiatry at Children's Hospital Boston Core Seminars

| | | |
|--------------------------------------|-------------|-----------|
| Psychopharmacology Seminar | 1 hr/week | 48 weeks |
| Evidence-Based Psychotherapy Modules | 2 hrs/month | 10 months |
| Psychiatry Grand Rounds | 2 hrs/month | 10 months |
| Interdisciplinary Case Conference | 1 hr/month | 12 months |
| Morbidity and Mortality Conference | 1 hr/month | 12 months |
| Family Therapy Seminar | 2 hrs/month | 10 months |
| Group Therapy Seminar | 1 hr/week | 12 weeks |

Children's Hospital Boston



PROGRAM INFORMATION

Our Program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) for five residents per training year. Residents in good standing will be eligible for specialty boards in Child and Adolescent Psychiatry providing they have met the other requirements as described by the Board.

Appointments begin July 1 and will be for two years.

Salaries

Effective July 2009, the following are the salaries according to postgraduate level.

| | |
|-------------------|-----------|
| Resident - PGY IV | \$ 60,717 |
| Resident - PGY V | \$ 64,866 |
| Resident - PGY VI | \$ 69,875 |

Insurance

Residents receive malpractice insurance coverage while serving Children's Hospital Boston patients. House officers may enroll in a variety of health insurance and health maintenance organization programs. Dental insurance, disability insurance, life insurance, and travel insurance for hospital business are also provided for house officers.

Transportation/Parking

Convenient to public transportation, there is also discounted parking available to house staff.

Child Care Center

Children's Hospital Boston has established a Child Care Center for the children of hospital employees and staff in response to the need for high quality, convenient childcare. The hours of operation are 6:30 a.m. to 6:00 p.m., Monday through Friday, except for Hospital-recognized holidays. The Center can accommodate 42 children, ages three months to five years. There are some reduced tuition rates available and

these are offered based on gross family income on a first-come, first-served basis. For more information about the program, or for a tour, please call (617) 355-6006.

Vacation/Leave

Three weeks of vacation plus one week of conference time. Residents are expected to give a minimum of eight weeks notice of planned vacations or meetings. Absences during the first two months and last month of the program are discouraged and require special permission from the Training Director.

Educational Resources for Books and Travel to Meetings

Upon entry to our program, residents receive 4 textbooks covering: 1) general child and adolescent psychiatry, 2) child psychiatry and the law, 3) pediatric psychosomatic medicine, and 4) psychotherapeutic approaches to children and adolescents.

Each resident will have \$500/year allowance to be used towards expenses incurred when attending conferences. Should a resident be presenting a poster/abstract/paper at a conference, s/he will have up to \$1500/year allowance for such travel expenses.

On-Call Duties

Over the course of the 2 years of training, residents are on-call on average once **every 10th night/weekend day**. This is usually a second or back-up call except for the following time periods: Fridays 5 pm to 11 pm, and Saturdays, Sundays and holidays from 8 am to 11 pm. All call is **taken from home**, except for morning rounds on Bader 5 on weekends and holidays. On-call attending staff round with the resident and review each case seen by the resident. Attendings are available to jointly see cases when indicated and to directly assist residents when the volume of calls is high. A resource specialist works the busiest 20 hours of the Saturday and Sunday call, in order to assist the resident with any disposition work that is needed.

Moonlighting Policy

Moonlighting at other facilities is permitted, and residents are covered for malpractice while moonlighting. Residents are allowed to moonlight a total of two weeknights and one weekend day per month. Residents must inform the Training Director of their moonlighting activity.

APPLICATION PROCESS

Graduates of national or international medical schools who will have completed at least three years of General Psychiatry or Pediatrics are eligible to apply. The application must include: 1) completed application form; 2) Dean's letter; 3) three letters of reference; 4) curriculum vita; and, 5) personal statement.

Foreign citizens who wish to enter the United States for postgraduate training must comply with the United States Immigration Laws, in addition to following the application procedure described above. Foreign medical school graduates should contact the Educational Commission for Foreign Medical Graduates (3624 Market Street, Philadelphia, PA 19104, [215-386-5900], www.ecfm.org) for details concerning their requirements.

Children's Hospital Boston participates in the National Resident Matching Program (www.nrmp.org) and complies with all of its rules and regulations. Please note that all offers for positions in our training program are contingent upon the successful completion of any pertinent prior residency training, as well as all hospital required pre-employment matters. This includes the satisfactory completion of the credentialing process, and receipt of acceptable final evaluations and letters of references.

INQUIRIES

For inquiries please contact:

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For applications please contact:

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Our 2008-2009 Child & Adolescent Psychiatry Fellows

First Year:

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Second Year:

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Graduation Day: June 28, 2009

Front row L to R: Kathryn Panek, Alexia Paez, Asma Rashid, Nina Graupera, Sofia Graupera, Raj Rasasingham

Second row L to R: Omar Hamoda, Hesham Hamoda, Scott Leibowitz, Nawras Shukair, Robert Kitts, Kaizad Munshi, Enrico Mezzacappa

Our 2009-2010 Child & Adolescent Psychiatry Fellows

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