

Beaumont Psychiatry

Q&A October 6, 2021

### **New Program/Future of the Program Questions**

What are your thoughts about being a new program?

-It is really exciting to be able to build a new program especially in the area I grew up. I look forward to our program helping increase patient access to quality mental healthcare and increasing the number of psychiatrists, who are in shortage across the country right now. Even though we are a new program, we did not have to start from scratch to build a psychiatry residency. Beaumont—our primary inpatient training sites—and Easterseals—our primary outpatient training sites—have both been around for a long time and have long-standing successful mental health services. I was able to go through and select what I thought would be the most educational of those services to have residents rotate on.

Being a new program, what are some of the challenges you see currently?

-We spent 2 years designing, building and earning accreditation for this program before our first resident class began. New things and changes always come with unforeseen circumstances, we have done a lot of work on the front-end to prepare and ensure things go smoothly. My goal is to actively monitor and seek feedback from residents to make sure things are going to plan and, when they don't, adjust accordingly to maximize the educational value of all resident experiences. The nice thing about being a new program is that we are not bound by the closed-minded thinking of "we do it this way because we have always done it this way," which allows us to be more nimble, innovative and adjust plans when needed.

I appreciate that you seek and listen to feedback. Have there been any changes since starting the program?

-Based on resident feedback, we have already made adjusted rotation schedules to split up inpatient medicine months throughout the year so they are no longer consecutive.

What other features are you looking to install or strengthen in your program?

-We are really excited to have a new state-of-the-art psychiatric hospital: Beaumont Behavioral Health (BBH). BBH will continue services that we already provide (i.e., inpatient adult psychiatry, inpatient geriatric psychiatry, electroconvulsive therapy, partial hospitalization program), but will also build new services (i.e., inpatient child & adolescent psychiatry, inpatient med-psych unit, 24/7 assessment center, add additional inpatient adult psychiatry beds). This will greatly enhance access to care and improve educational opportunities for residents.

What changes/improvements are you anticipating now that the first class has finished year one?

-We are constantly trying to improve our curriculum and have many plans to increase the amount of psychotherapy, addiction, women's mental health, and child psychiatry training in our second year.

### **Patient Care**

Do we get an opportunity to work with ECT?

-Yes, Beaumont Royal Oak provides electroconvulsive therapy (ECT) currently, and Beaumont Behavioral Health in Dearborn is also building ECT suites that will be operational in the near future.

Are most of your residents able to become certified in ECT if they are interested in that?

-While there is no official ECT certification, many employers want a letter confirming the number of ECT treatments you have participated in. You will participate in ECT services in your core rotations and can choose to do an ECT elective, and between those, our faculty will write a letter for you.

How busy is your emergency room?

-Beaumont Royal Oak is the busiest emergency center in Michigan. You will have a unique opportunity to experience and treat a lot of different pathologies.

What are the patient demographics like?

-Metro Detroit is an incredibly diverse area. The hospitals and clinics residents rotate at are located in areas with unique ethnic, religious and socioeconomic demographics. Michigan has many immigrants from all over the world, including many people from India, Africa, Eastern Europe, Latin America and Southeast Asia. In fact, Michigan has the largest Middle Eastern population outside of the Middle East. Michigan also has the largest Jewish population in the US outside of New York, and Detroit is the largest predominantly Black city in the US. This will afford residents the opportunity to develop cultural competencies and learn to provide care for all sorts of people, with different backgrounds, different beliefs, and different insurance statuses.

### **Clinical Environment/Curriculum**

Do residents have teaching responsibilities to medical students? Are there opportunities in the latter years of residency to be involved as an academic psychiatrist for those looking to be a part of the faculty after completing residency?

-Even if you do not plan to go into academic psychiatry, teaching skills are essential to being a psychiatrist to be able to adequately provide psychoeducation to our patients and families, regardless of their age, knowledge and intellectual capacities. To that end, you will work with and teach medical students throughout your four years of residency. Additionally, we offer a Residents as Teachers elective, which most of our current residents have already enrolled in. Finally, there will be numerous opportunities to teach and give presentations to students, healthcare professionals, professional organizations, and in community outreach opportunities. We look forward to retaining our most passionate clinician-educators as faculty members after their residency.

Since this is a new program, any opportunity to help with building the curriculum or helping medical student clerkship?

-Absolutely. Resident feedback and suggestions will be actively solicited. Resident representatives and chief residents are active participants in the Program Evaluation Committee, which annually reviews the curriculum.

What sort of community outreach does this program offer or plan to offer?

-Both Beaumont and Easterseals actively provide trainings, webinars, and other events to the community. We are often solicited to provide experts to do interviews or give talks on a variety of topics (e.g., addiction, suicide, student mental health, mental health stigma in the Middle Eastern community, etc.) by a variety of individuals and organizations (e.g., schools, businesses, news media, healthcare organizations, professional organizations, charities, government entities, etc.). Dr. Guina has given dozens of presentations and interviews, and welcomes resident involvement as this is an important aspect of psychiatric education about public mental health and advocacy.

What are some unique electives?

-We support the development of any elective that will result in enhanced psychiatric education for a resident. To that end, if there is something you are interested in or want more of, we will help you develop an elective within Beaumont or Easterseals and, in the rare event those two immense systems do not have what you are looking for, we will help you design an external rotation. To just list a few of the opportunities in our area, we have acupuncture for PTSD, brain injury medicine, child neurology, college mental health, correctional psychiatry, eating disorders, juvenile justice, mindfulness, and sleep medicine. Beaumont also has a special global health program open to all residents.

How accessible is the faculty and are there opportunities for the residents to get mentors?

-All of our full-time faculty have dedicated teaching time. Teaching is not something they have to do on top of their job, it is their job. We have dozens of faculty members, both psychiatrists and other professionals, available for supervision and/or mentoring.

I was wondering what the introductory training looks like for incoming first year residents? Are we paired with upperclassmen for our first on call shift?

-First year residents rotate in inpatient psychiatry, inpatient medicine, outpatient medicine, and neurology. All first-year residents start by receiving direct supervision, from attendings and/or senior residents. Residents then have opportunities to gradually earn autonomy.

Are there any opportunities to explore child psychiatry?

-Residents will have an opportunity to work with children and adolescents at Beaumont Royal Oak, Beaumont Behavioral Health in Dearborn, Beaumont Westland Medical Center, the Center for Human Development, the Center for Exceptional Families, and Easterseals Michigan. You will have the opportunity to work with several different child psychiatrists, developmental-behavioral pediatricians, child rehabilitation physicians, therapists and other professionals that specialize in children. We are also planning on developing a child psychiatry fellowship in the next few years.

What opportunities are there for resident feedback? How often do residents receive feedback?

-Providing feedback is essential to residency education and is a core part of our faculty development initiatives. Faculty are encouraged to set the standards at the beginning of the rotation, provide regular formative feedback throughout (whether during rounding, patient presentation, or regularly scheduled times), and summative feedback at the end.

### **Questions for the Program Director**

What is something that you are most proud of about the program?

-We are very proud of our didactics, which involve various topics essential to being a biopsychosocial psychiatrist, and various specialists of diverse disciplines and experiences.

What books would you wish your residents would have read prior to beginning? What is a favorite book of yours for future aspiring psychiatrists?

-A lot of students and psychiatrists read the diagnostic criteria, but not many have read through all the actual text of the *DSM*. It is a rich, comprehensive text covering psychopathology, various different manifestations and presentations, and compares and contrasts various disorders. Other great reads include *Man's Search for Meaning*, *Trauma and Recovery*, *The Body Keeps the Score*, and *Becoming a Therapist*.

How do you encourage your residents to understand trauma as it relates to the psychiatric presentation of your patients?

-“Trauma is a risk factor for virtually all mental disorders, including personality, dissociative, somatic, eating, psychotic, bipolar, neurodevelopmental, substance use, and obsessive-compulsive disorders (OCD). Acute stress disorder (*DSM-5*'s better than *DSM-IV*'s) predicts development of not only PTSD, but depressive, anxiety, and OCDs. Childhood maltreatment has been repeatedly linked to a variety of adult psychopathology, particularly personality, depressive, anxiety, and somatic disorders. Longitudinal studies have demonstrated that [posttraumatic stress] symptom changes correlate with changes across various [personality disorders], indicating the strength of the link. Trauma is to mental disorders what HIV is to infectious diseases; trauma and HIV are neither necessary nor sufficient for having other disorders/infections, but they definitely change the occurrence, course, and treatment of other disorders/infections” ([Guina et al., 2017](#)).