President's Message

Greetings to West Virginia District Branch Members!

I hope everyone in the West Virginia psychiatric community is doing well. I want to sincerely thank everyone for their support as I have taken on the WVPA's president's role, in Dr. Rolly Sullivan's absence, beginning with the February 2017 meeting. I know I speak for everyone in the psychiatric community wishing Dr. Sullivan a continued speedy and full recovery.

I also would like to congratulate Barbara Samples, the organizational force behind our District Branch, on her upcoming retirement. Luckily for us, although she is retiring from her role as Residency Program Coordinator at WVU/CAMC, she will continue as the Executive Director of the WV District Branch. I know from my own experience, that she has been the key player to keep our organization on track and functioning well.

Although I was unable to attend, I understand the Mental Health Awareness Movie Night went well, with those in attendance enjoying the movie and the panel discussion afterward. It was a great service to the community and a benefit to our members, in providing an opportunity to participate in open discussions about mental illness.

For those unable to attend the February 2017 meeting, we had a great group of residents, Daniel Cho from WVU Charleston, Jawad Zafar WVU Morgantown and Adam Schindzielorz from Marshall, present three fascinating clinical cases. I feel the future of WV psychiatry is very bright, given the presentations we heard that day. In addition, the West Virginia Psychiatry Resident mixer, initially scheduled for June of this year, has been rescheduled to September 24th, 3:00 – 6:00 at the Stonewall Jackson Resort. This will be for psychiatry residents and their families. Hopefully this will be a well-attended event, and the change of dates will allow the new interns at our three psychiatry residency programs to be able to attend. Following on the heels of last year's inaugural event, it is planned to be an ongoing way for our resident psychiatrists to meet and make connections.
I attended the APA annual meeting in San Diego and, as usual, it was a stimulating and exciting event. I was so pleased to see numerous posters from WV medical schools at the poster sessions, representing our state very well! As well, there were many talks on topics relevant to our state including those on addictions, as well as innovative strategies for providing psychiatric care to rural areas.

I am looking forward to our annual meeting on Friday August 25th at the Greenbrier. As usual, Barbara Samples has done an amazing job organizing this yearly event and it should be educational, social as well as delicious. The educational program will provide some focus on issues pertaining to geriatric psychiatry. As I have noted previously, the state has one of the oldest aged populations in the nation, however, with elderly health outcomes near or at the bottom of the nation. There will be 3 hours of CME offered, focusing on topics related to geriatric psychiatry. Dr. Mark Miller from West Virginia University will discuss updates on the diagnosis and management of dementia, while I will give the latest on geriatric depression. The educational portion will be followed by our business meeting. Hope to see you there!

Suzanne Holroyd MD, President
West Virginia Psychiatric Association Summer Meeting  
August 25, 2017  
The Greenbrier Resort

“Updates on the Evaluation and Treatment of Depression in the Elderly”,  
Suzanne Holroyd, MD

“What’s Trending in the Diagnosis and Management of Dementia”,  
Mark Miller, MD

Agenda:
10:45 – 11:00 - Welcome and Introductions  
11:00 – 12:30 pm – Dr. Suzanne Holroyd  
12:30 – 1:30 pm Lunch  
1:30 – 3:00 pm - Dr. Mark Miller  
3:00- 3:15 - pm Break  
3:15– 4:30 pm—Business Meeting

Please RSVP by August 16, 2017 to Barbara A. Samples at wvdbpsych@frontier.com or call 304-776-5067.

WE LOOK FORWARD TO SEEING YOU THERE!

Accreditation
This activity has been planned and implemented in accordance with the essentials and standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of CAMC Health Education and Research Institute and the West Virginia APA. The CAMC Health Education and Research Institute is accredited by the ACCME to provide continuing medical education for physicians.

Physicians- CAMC Health Education and Research Institute designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure:
It is the policy of the CAMC Health Education and Research Institute that any faculty (speaker) who makes a presentation at a program designated for AMA Physician’s Recognition Award (PRA) Category I or II credit must disclose any financial interest or other relationship (i.e. grants, research support, consultant, honoraria) that faculty member has with the manufacturer(s) of any commercial product(s) that may be discussed in the educational presentation.

Program Planning Committee Members must also disclose any conflict of interest, financial interest or relationship with commercial industry that may influence their participation in this conference. Except where noted, all faculty and planning committee members have disclosed that no relationships exist. Disclosures will be made in all conference materials on site and from the podium.
(The meeting was conducted live via videoconference between the Charleston and Morgantown sites. Members and trainees were in attendance at both sites)

Attendees: Veena Bhanot, MD; Gira Board, MD (resident); Mina Baskharoun, MD; Daniel Cho, MD (resident); T. O. Dickey, MD; Hussein El-Khatib, MD; Derek Goff, DO (resident); Sara Henley, MD (resident); David Humphreys, MD; Fahd Mousa, MD (resident); Colleen Pettrey, MD (resident); Jeff Priddy, MD; Ralph Smith, MD; Tiffany Sparks, MD; Michael Hackman, MD; Suzanne Holroyd MD; Adam Schindzielorz, MD (resident); Walter Byrd, MD; Ebony Dix, MD (resident); Sheen Dohr, MD (resident); Daniel Elswick, MD; Mark Miller, MD; Caitlin Wenzke, MD (resident); Jawad Zafar, DO (resident); Barbara Samples, Executive Director.

The educational portion of the meeting was called to order at 12:30 by West Virginia District Branch President-Elect, Dr. Suzanne Holroyd. Dr. Holroyd asked Dr. Dan Elswick to bring the members up to date regarding the health of former District Branch President, Rolly Sullivan. Dr. Elswick indicated that Dr. Sullivan was now back home in Morgantown, with his wife Dolly, after an extensive rehabilitation stays at Health South and UPMC. He has improved, but still has some language and mobility challenges following his stroke in October of 2016. Dr. Elswick indicated that Rolly and Dolly both have appreciated the support from the Branch.

Three clinical case presentations by Psychiatry residents were given, one from each of the three psychiatry residency programs in the State.

The first Case presentation was given by Adam Schindzielorz, MD, PGY 3 Marshall Resident.

The topic was, "Musical Hallucination in a Geriatric Patient with Acute Decompensation of Major Depressive Disorder." This very excellent presentation detailed the presenting symptoms, differential diagnosis, clinical work-up strategy and treatment interventions employed in this case.

The second Case presentation was given by Jawad Zafar, DO, PGY 3 Morgantown Resident, and addressed the "Diagnostic and Treatment Challenges of a Refugee of Middle East Decent," This timely and well-developed presentation highlighted the complexity as demonstrated by this clinical case which involved the patient’s psychiatrist being tasked to address cultural, social and language barriers, in addition to marital discord and a legal matters in deciphering both the diagnostic and treatment parameters to best address the altered mental status in a young man moving from Syria to West Virginia and now having married a West Virginian.

The third Case presentation, was given by Daniel Cho, PGY2, Charleston Resident, and was entitled, "Chasing the Dragon." This very interesting case highlighted the neuropsychiatric complexity of an acutely presenting mental status decline and middle-aged male that required an extensive workup to identify the cause and best management strategies. The members were educated further regarding the potential neurotoxic vapors emitted from heating heroin and inhaling the vapors through a straw, known as "chasing the dragon." The WVSPA members engaged in a robust discussion regarding the factors involved in making the diagnosis and in the role of psychiatrists overall in addressing the diagnostic and treatment challenges of the opiate epidemic in our state.
Meeting Minutes Continued...

The WV DB Winter business meeting was called to order by Dr. Suzanne Holroyd. Dr. Holroyd welcomed everyone and complimented the membership on robust attendance. The nominating committee report was the initial order of business from Dr. Holroyd, and Dr. Tiffany Sparks has accepted the nomination as President-elect of the West Virginia district branch. Dr. Jeff Priddy has accepted re-nomination as treasurer of the district branch and Dr. Walter Byrd has accepted re-nomination as treasurer of the district branch.

A motion was made and approved to accept these nominations for the offices noted. Dr. Priddy gave the treasurer report, identifying the routine funds deposits and disbursements. The ledger was reviewed by the membership and found to be fully in order. The district branch currently is solvent, with funds on deposits both in the checking account and in the CD savings account.

Dr. Walter Byrd, secretary of the district branch, reviewed the minutes of the previous meeting held August 26, 2016 at The Greenbrier, and the minutes were approved as read. Additionally Dr. Byrd reviewed the Constitution and Bylaws of the West Virginia psychiatric Association as recently revised, and these were approved by the membership. (The full text of the Constitution and Bylaws are available to any of the members upon request from the West Virginia district branch office.

Committee reports:

#1 Assembly Report:
The report was given by assembly representative, Dr. Dickey. The last APA Assembly meeting was held in November 2016 and several pertinent matters were addressed, including scope of practice status pertaining to psychologists prescribing medication, and strategies to minimize stigma and enhance cooperation between the ADA and NAMI.

Also the issue of the so-called "Goldwater Rule" was discussed in the Assembly regarding prohibitions against any member making clinically diagnostic statements regarding a public figure who is not under the direct professional care of that psychiatrist.

Dr. Elswick indicated that he requested to step down as assembly co-representative, and Dr. Erica Arrington will be stepping into that position as co-assembly representative with Dr. Dickey in March, 2017. The next Area- 5 assembly meeting is scheduled to occur in Atlanta Georgia, March 18 and 19th.

Dr. Arrington comes to the West Virginia district branch from North Carolina where she was active in the North Carolina district branch of the APA. The next full meeting of the state Assemblies representatives from across the United States will occur in San Diego at the national APA meeting in May 2017.

Dr. Dickey also noted that Dr. Stewart is the new president of the American Psychiatric Association, and that she is the first African American female president of the American Psychiatric Association.

#2 Ethics Report:
Hussain EL-Khatib reported there were no ethical violations submitted to address.

#3 Fellowship report:
Dr. Ralph Smith reiterated that the state association is actively encouraging members to apply for either Fellowship or Distinguish Fellowship status and that he is available to assist the members in any way possible.
Meeting Minutes Continued...

#4 Membership Report: Dr. Tiffany Sparks gave the membership report for Dr. Veena Bhanot. The membership of the WV State Association has increased, now with membership of 197. This is a net increase of 17.8% in the membership over the past 5 years.

#5 RFM Report:
Dr. Wenzke from the Morgantown residency training program reported that the new addiction medicine Fellowship will be operational by 2018. The residency has been doing well in the match, with 35 psychiatric residents and has enjoyed a regular influx of residents from various geographic and cultural backgrounds. The program continues to operate the Child and Adolescent Fellowship as well as the Forensic Fellowship. Dr. Schindzielorz reported that the Marshall program has been granted full accreditation, and will be proceeding toward approval for both a fellowship in Child and Adolescent Psychiatry and in Geriatric Psychiatry.
The Marshall residency program is the newest psychiatric residency in a state and will have 14 resident's in the program as of the fall of 2017.
Dr. Cho from the Charleston program indicated that the program is in the process of opening a medically assisted treatment program, utilizing Suboxone and the program is also proceeding with TMS as a treatment modality. The program now also incorporates a forensics rotation. The interview season was successful, and the program is matching well with a diverse base of psychiatric residents.

#6 Legislative Report:
Dr. Dickey indicated that legislative action which might impact psychiatry would include future regulations regarding television-based psychiatry (psychiatric telemedicine) and also the new law implementing strict regulations on Suboxone (medically assisted treatment) programs state-wide. The original extensive document regulating the medically assisted treatment Suboxone clinics was approximately 110 pages in length, but through consultation with Dr. Sullivan and other addiction medicine experts, the DHHR regulatory document was able to be reduced to 58 pages.
Additionally, Dr. Dickey noted that there was a bill drafted, but never introduced, to change the civil commitment laws in West Virginia to create a “72-hour Hold” provision. Apparently, there are several states that operate with such a 72-hour hold provision, and further discussions are being held at the legislative level as to whether this would be a viable option for West Virginia.

Old Business:
The psychiatric resident mixer was held last year at the Café Cimino in Sutton, West Virginia and was quite a success. The membership and the members in training discussed strategies to expand this meeting, with the proposed attendance of spouses and children as well. Such informal social interactions between the State's three psychiatric residencies is being strongly supported by the district branch membership. The district branch commits funds to support this annual meeting and it will be held again in 2017. Dates and times to be established.
Dr. Dickey discussed the success of last year's Mental Health Month, and the public showing of a free-to-the-public mental health oriented movie in Charleston last May. Mental Health Month occurs in May, and again this year in South Charleston there will be the showing on May 4, 2017 of a mental health oriented movie, A Beautiful Mind. The showing of the movie will be free to the public. One of the goals of Mental Health Month is to broaden awareness of the constructive role of psychiatry in the fabric of medical care and to serve to diminish stigma. Unfortunately there is not a currently active NAMI branch in West Virginia.
Meeting Minutes Continued…

Strategies to encourage the establishment of such a NAMI branch in West Virginia were discussed among the members.

New Business:
Dr. Holroyd shared that she is very passionate about improving the general level of geriatric psychiatric care within the state of West Virginia. She was previously the Fellowship Director for the Geriatric Psychiatry Fellowship at the University of Virginia School of Medicine, Charlottesville, Virginia, prior to taking the position of Chair, Department of Psychiatry at Marshall University School of Medicine. Additionally Dr. Holroyd indicated that she is working on selecting speakers and exhibitors for the West Virginia District Branch summer meeting slated to occur on August 25, 2017 at The Greenbrier. The scientific theme for this summer’s meeting will be in the area of “Geriatric Psychiatry”.

Barbara Samples shared that the West Virginia district branch website is being reworked to accommodate the new national website platform that is being distributed through the IT section of the American Psychiatric Association. Ms. Samples also reminded all members to pay their state and national association dues by the deadline of March 31, 2017.

The meeting was adjourned by Dr. Holroyd at 4:30 PM, February 18, 2017.

Minutes respectively submitted by:
Walter Byrd, MD
Secretary, West Virginia District Branch

Congratulations to the following newly elected WV District Branch Officers for 2017-2019:

President: Suzanne Holroyd, MD
President –Elect: Tiffany Sparks, MD
Secretary: Walter Byrd, MD
Treasurer: Jeffrey Priddy, MD
Area V Assembly Representatives: Erica Arrington, MD and T. O. Dickey, MD
Fellowship Chair: Ralph Smith, Jr., MD
Report of the CEO/Medical Director of the APA — Saul Levin, MD, MPA

Dr. Levin presented his report highlighting: 1) development of APA's new home in the Waterfront Project in the SW corner of Washington, D.C. due to open in 2018; 2) continued growth of membership, which now exceeds 37,000; 3) opposition to the AHCA bill recently passed by the US House of Representatives, and liaison with 13 influential Senators currently drafting their own bill; 4) APA's registry now accessible for QI and to increase CMS reimbursements for psychiatrists; and 5) celebrating appointment of Elinore McCance-Katz, MD as the country's first Assistant Secretary for Mental Health and Substance Abuse for HHS under the recently passed 21st Century CURES Act. Dr. Levin also emphasizes Assembly initiated APA accomplishments, such as the APA accreditation as a consulting NGO to the United Nations; creating new CPR codes for reimbursement; increasing diversity in membership in the Assembly; and Assembly led call for MOC reform, which has now led to at least 13 states proposing or passing removal of MOC legislation.

Assembly Committee on Procedures — A. David Axelrad, M.D.
The Assembly approved the following changes to the Procedures Code: 1) Allowing for Electronic Voting on APA Practice Guidelines 2) Allowing for a special meeting, to be held electronically, in the case of vacancy of an office of the Assembly.

Assembly Officers
The winners of the Assembly vote for new officers were: James R. Batterson, MD for Assembly Speaker-elect, and Steven Daviss, MD for Assembly recorder. As Dr. Daviss may have a potential conflict of interest, this will be addressed by use of newly approved Assembly Procedure Code changes, if necessary. Congratulations to our new officers and commendation to all of the candidates for a hard fought and close election campaign.

Report from the APA President-elect — Anita Everett, M.D.
Dr. Everett presented a summary of her three main objectives for the coming year as President of the APA: 1) Aspiration; 2) Innovation; and 3) Physician Well-Being. She recently attended a meeting for PsychSIGN, an organization for medical students aspiring to become psychiatrists. She has appointed a Workgroup on Access to Treatment through Innovation. She has also appointed a Workgroup on Physician Burnout. Expect to hear more about these efforts in the upcoming year.

Assembly Awards Committee — Jenny Boyer, M.D., JD, PhD
The Awards Committee presented the District Branch Best Practices Award this year to NY County DB. NCPS was the runner up. The Ron Shallow Award was presented to Laurence Miller, MD from Area 5 and to Ramaswamy Viswanathan, MD from Area 2. In addition, David Skasta, from Area 3 was awarded the Ron Shallow Award retroactively from 2016. Dr. Skasta proposed a change to the rules regarding this award which had glaringly omitted from eligibility for consideration members of ACROSS. Once this oversight was corrected, he was given the award for this and his many other pioneering efforts in the Assembly. Recognition for highest voting percentage of members in the last election went to Area 2 (24%) and to Mid-Hudson DB (32%).
Assembly Report Continued...

AMA Report — Patrice A. Harris, M.D. MA, Chair, AMA Board of Trustees
Dr. Harris outlined Strategic Objectives for the AMA: 1) Accelerating Change in Medical Education – to create the Medical School of the future. 2) Professional Satisfaction and Practice Sustainability, including coping with professional burnout. Currently, >50% of US physicians experience burnout, many of whom are quitting the profession. Bureaucracy is a leading cause, including needless prior authorizations, when 95% are approved, Electronic Medical Records, which were largely created without physicians’ input. 3) Improving Health Outcomes. While chronic disease accounts for most PCP visits and >75% of total healthcare spending, 90% of persons with diabetes aren’t even aware of their diagnosis. AMA is developing online tools for the field with partners in innovation for the next generation in medical technology through partnerships including Matter, Sling Health, Health 2047, and Xcertia. In addition, AMA is devoting resources to improving the ACA, through efforts such as Patients-Before-Politics. Finally, AMA ‘s Task Force to Reduce Opioid Abuse has led to reduced Opioid prescriptions and increased PDMP use.

APA Position Statements
The following Position Statements were decided on at the Assembly, including:
Retain:
* Use of Stigma as a Political Tactic (2007)
* Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health (2006)
* Discrimination against International Medical Graduates (2001)
* Diversity (1999)
* Psychiatrists from Underrepresented Groups in Leadership Roles (1994)
* Resolution Opposing Any Restriction on the Number of IMGs Entering Graduate Medical Training (1994)
* Affirmative Action (1977)
* Adoption of AMA Statements of Capital Punishment (2008)
* No “Dangerous Patient” Exception to Federal Psychotherapist-Patient Testimonial Privilege (2010)
Revise:
* Role of the Psychiatrist in Long Term Care Setting (from 2003) Abortion (from 1978) – approved unanimously
Use of the Concept of Recovery (2015) – referred back to Council
Retire:
* Doctors against Handgun Violence (2001)
Proposed:
Risk of Adolescents’ Online Behavior – approved unanimously
Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement – approved unanimously
* Legislative Attempts Permitting Pharmacists to Alter Prescriptions
Action Papers/Items
Among the Actions taken during this session, the Assembly voted to:
- Develop a position statement on Involuntary Psychiatric Commitment for Individuals with Substance Use Disorders
- Oppose Psychologist Prescribing
- Promote the international Neuroscience-based Nomenclature (NbN) for medications
- Revise Nomenclature, Definition, and Clinical Criteria for PHP and IOP levels of Psychiatric Care
Assembly Report Continued...

- Defeat (74 yea/101 nay) a proposal to survey the APA membership on Medical Aid-in-Dying as an Option for End of Life Care
  - This issue generated strong arguments on both sides of the issue. Those in favor were largely concerned that this issue needed attention as more countries and jurisdictions are legalizing this controversial practice. Those opposed were concerned about potential bias in methods and results of a membership survey, but still feel the issue is in need of urgent attention of the APA.

- Provide Education and Guidance for the Use and Limitations of Pharmacogenomics in Clinical Practice
  - *Expand Access for graduates of AOA Accredited Schools to ACGME Approved Psychiatry Subspecialty Fellowships

- Develop Educational Strategies to Improve Mental Illness Perceptions of Medical Students and Non-Mental-Health Medical Providers and Develop Training Opportunities to Foster Medical Student Interest in Psychiatry

- Urge the APA to Draft a Position Statement on Prescription Drug Monitoring Programs

- Urge the APA to Immediately Support the AACAP and AMA Positions on Solitary Confinement in Juvenile Detention Settings, and for the APA to develop a Position Statement of its own.
  - This paper was originally changed to request a Position Statement by the APA by November 2017. The author refused to consider without also calling for immediate support for policies put forth by the AACAP and AMA as there were juveniles presently suffering the consequences of draconian practices of solitary confinement. The Assembly concurred.

- Take a leadership role to Address Physician Burnout, Depression, and Suicide among APA members and beyond and revise its Position Statement on Physician Wellness
  - *Dr. Elliot Sorel noted that health is inherent to “life, liberty, and the pursuit of happiness. Debate arose over the importance or danger of emphasizing mental healthcare as distinct from healthcare, or as Dr. Renee Binder noted last year in Atlanta: “There is no health care without mental health care.”

- Urge the APA to improve member voting participation in APA Elections
  - Support dues relief to APA members from Puerto Rico - Streamline the Process for former APA Members to re-enter the APA - Repair the broken APA Referendum Voting Procedure
    - As the author noted, this is the fifth time this paper has been brought, and the fifth time the Assembly approved it. The past 4 times it failed to gain approval by the BOT.

- Move Assembly November meeting dates to avoid conflicts with national elections

- Approve the APA Practice Guideline for Pharmacological Treatment of Patients with Alcohol Use Disorder

- Ratify an Amendment to the APA Bylaws reflecting a new nomination and election process for the M/UR Trustee
  - Dr. Binder reported on the recent finding of the APA Bylaws being out of compliance with Washington, D.C. law on equal opportunity for representation in an organization. To restore compliance, the Bylaws have been amended to reflect the appropriate change in M/UR Trustee nomination and election procedures. While both primary and secondary reference groups approved the proposed changes, the M/UR Caucus representatives to the Assembly were divided, slightly favoring ratification.

*Final Action Papers can be found by going to https://goo.gl/jLvB6D. (Items with a * were approved by consent)*

Reports and Next Steps from the Assembly Work Groups/Committees

MOC Committee - L. Russell Pet, M.D.: The Assembly supported unanimously the recommendation of the MOC Committee for the APA to adopt a position that decisions regarding licensure, hospital privileges, and credentialing and/or participation on insurance panels should not in any way be conditioned upon the physician’s completion of or participation in MOC or Osteopathic Continuous Certification. This is consistent with the position of the ABPN and would significantly reduce physician burnout. The Assembly further supported unanimously that the position be brought to the BOT at the earliest opportunity (July 2017) for their approval on this position.
Changing for the Better

Although many aspects of our residency remain constant, many others are regularly changing to better care for our patients and improve the training of our residents. In the past 2 years, our program has hired many new faculty members, most with fellowship training, to better meet the needs of our diverse patient population. This has also improved resident education by providing additional opportunities to discuss patients with staff, have books/literature recommended, and attend lectures. The changes that have had the largest impact on my education, in particular, are in the areas of Therapy, Geriatric Psychiatry, and Consult/Liaison Psychiatry.

Therapy: Although first and second year residents have psychopharmacologic treatments emphasized, the third year gives residents the opportunity to utilize individual therapy techniques with patients. At the beginning of my residency, all formal lectures about therapy were given during the third year, leaving little time between learning the different modalities and attempting to effectively use these skills in a clinical setting. Last year, the introductory therapy lectures were moved from the third to second year curriculum in order to provide some foundation regarding the types of therapy well before therapy patients were seen. This change was intended to allow second year residents the opportunity to practice therapy techniques during earlier psychiatric interviews to become more comfortable with therapy over a longer period of time.

Geriatric Psychiatry: With two full time, on site, geriatric psychiatrists, Chestnut Ridge has been able to create a 5-bed Geriatric inpatient unit, as well as a Geriatric clinic for outpatient follow up. These settings allow residents the opportunity to gain additional exposure to neurocognitive disorders, pseudodementia, delirium, as well as caregiver burnout, APS interactions, and end-of-life care and planning. People over the age of 65 make up about 15% of the US population, and this is expected to increase to nearly a quarter of the population in the next 35-40 years. West Virginia, in particular, is home to one of the oldest populations in the country, and a strong foundation in managing these patients is crucial.

Consult/Liaison Psychiatry: In the past few months, Ruby Memorial Hospital finally opened its long awaited Southeast tower. The $200 million expansion increased the number of patient beds from 531 to 645, allowing for the admission of nearly 100 additional patients at a time. For Psychiatry consults, already one of the most heavily utilized consulting services at our institution, it has meant following as many as 30-45 patients on our list, in addition to 5-15 new consults each shift. In order to maintain the balance between service and education for the residents, the composition of the service has slowly changed over the past 2 years. Consults has shifted from a 2-3 resident service to a team including a formal lead clinician and two nurse practitioners, in addition to the residents. This has allowed for more collaboration and education as the group attempts to offer recommendations on complicated patients, and to prevent burnout.

As there are continued changes in the hospital and the patient population, there will likely be many additional adjustments in the program over the next few years. It will be exciting to see how the resident training changes to ensure that our residents are equipped with the skills necessary to adequately manage our patients.

Halima Al-Qawasmi, MD, PGY-2  Psychiatry Resident, WVU Morgantown

APA Benefit for Resident Members...Set For Success

The Supplemental Education and Training (SET) program is an online experience designed to supplement and complement psychiatric training and education. SET provides Resident-Fellow Members (RFM) with online resources, through the Learning Center, to enhance their medical knowledge and practice of psychiatry.

SET takes into consideration the core competencies of psychiatry and focuses on the achievement of milestones in psychiatric training, including psychiatric practice, treatment and care, and special populations.

For courses and information please log on to:  https://www.psychiatry.org/residents-medical-students/residents/set-for-success
Resident News Continued...

Marshall University

The 2017-2018 academic year will be exciting at Marshall Psychiatry.

We are anticipating the arrival in June of our four new PGY-1 residents: Ruthie Cooper, MD (University of KY); Justin Godby, MD (Marshall); Erika Maynard, MD (Marshall); and Tiffany White, DO (WVSOM). For the first time, in the upcoming year, Marshall will have residents in all four training years. The new interns will be working on medical services and begin to accumulate experience at our inpatient psychiatric sites at Mildred Mitchell-Bateman Hospital, St. Mary’s Medical Center, and River Park Hospital. Our current PGY-1s are moving on to consult service and further inpatient experience and will also be starting their outpatient clinics as part of the PGY-2 curriculum. Four new PGY-3s will enter the full-time outpatient year with adult, child/adolescent, and geriatric clinics as well as one day a week at the VA, where they will work with patients both in person and through telepsychiatry. They will also begin co-leader roles with Marshall’s DBT groups. The current PGY-3s will head into the PGY-4 year, revisiting the consult service as seniors and rotating on a variety of services, including a geriatric consultation service for nursing homes, integrative care at the cancer center, and forensics at the state hospital.

Our department continues to encourage research and involvement in the larger psychiatric community. With several of our residents and students having made the long flight out to San Diego for the 2017 APA conference and presenting posters. We also encourage our residents to participate in the West Virginia APA meetings to meet others in the West Virginia psychiatric community and contribute to improving psychiatric care in our state.

Scott Murphy, MD, PGY-3 Psychiatry Resident, Marshall Psychiatry

WVU Charleston Division

H.P. Lovecraft once said, "The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown." I think this quote could not be more apropos for the Charleston campus.

Like many residency programs at this time of year (every year), there is much change on the horizon, and with this change – uncertainty, dare I say even fear. For this is the time of year when everyone in medicine "levels up." Medical student to intern to senior resident. Resident to attending.

Onboarding has begun for the new residents, who are going to start their careers as doctors, physicians, mental health providers (the on boarding of what happens with what?) – those whose decisions will now directly affect patients. On my first day, I recall the charge nurse asked if I would give him a verbal order for Tylenol. I was terrified! "I can do that?" I thought to myself. Unsure, I asked the chief resident supervising us. He chuckled and said it would be fine.

The graduates, whether they are staying local or moving on to fellowship in another state, are departing from a situation of comfort. For the past four years, they have spent more time devoted to the task of completing residency. And now they are embarking on yet another journey into a new system at a new hospital with new staff/colleagues.

Lastly, another step in the leveling up progression is that of moving on to retirement. And that is why our greatest fear here is in dealing with the retirement of two major pillars of our program – Barbara Samples and Dr. T. O. Dickey. Enough could not be written about how much these two contributed to our programs. These two were very much the heart and soul of our program. Thus, it should come as no surprise that losing you both is our greatest fear, because how we will press forward without you both is... unknown.

Happy Retirement** Barbara and Dr. Dickey! You will be missed!

**Dr. Dickey and Barbara are retiring from WVU Charleston residency program but will continue in their roles as Assembly Representative and Executive Director in the WV Psychiatric Association.

Daniel Cho, PGY-3 Medicine Psychiatry Resident, WVU Charleston
APA Working for It's Members...

Advocacy

In our nation’s capital, APA leaders and Department of Government Relations staff advise Congress, the White House, and federal agencies on issues facing the medical specialty of psychiatry, our patients, and their families. APA advocates for quality and accessible mental health care by facilitating communication between psychiatrists and their legislators. Additionally, APA’s Political Action Committee, APAPAC, works to elect Members to Congress who demonstrate support for psychiatry and mental health.

Around the country, the APA Department of Government Relations provides assistance to District Branches/State Associations on state legislative and regulatory affairs. Activities includes tracking health care legislation, serving as a clearinghouse for best lobbying practices and model legislation, and providing on-site strategic assistance and grassroots training.

District Branch Grant Information
The Committee on Advocacy and Litigation Funding (CALF) has the responsibility of reviewing requests, usually from District Branches/ State Associations, for financial support of projects involving legislation, litigation, and advocacy; of making recommendations regarding funding to the Board of Trustees; and of proposing coordinated activity by other APA components or District Branches/State Associations. CALF reports to the Council on Advocacy and Government Relations (CAGR). CAGR, in turn, makes recommendations through the Joint Reference Committee to the Board of Trustees where a funding decision is made.

MOC

The APA has created a webpage to keep members updated on efforts to ensure that MOC requirements are relevant to psychiatric practice and to establish a fair process for psychiatrists who demonstrate meaningful learning and improvement. You can learn more about what the APA is doing for you about MOC at https://www.psychiatry.org/psychiatrists/education/certification-and-licensure/apa-and-moc-reform

Ready to take the next step in your career?

Become a Fellow of the APA and earn FAPA designation. Fellows are committed to psychiatry and the ongoing work of the APA. Be among the prestigious 25% of APA general membership. There are no additional fees or dues payments, simply complete the application on the APA website at https://www.psychiatry.org/join-apa/become-a-fellow
Welcome New/Reinstated Members

New Members: Cornelius Thomas, MD (Huntington)

Reinstated Members: Rownak Afroz, MD (Huntington); Claire Belgrave, MD (Huntington); Nevine Estephan, MD (Morgantown, RFM); Paul Rashid, MD (Charleston); Helen Ryu, MD (Martinsburg); Wilbur Sine, MD (Morgantown); Patrick Vincent, MD (Morgantown)

Upcoming Events...
WV District Branch Summer Meeting, August 25, 2017 at The Greenbrier (see page 3)

IPS Meeting, October 19-22, 2017, New Orleans, LA

WV District Branch Winter Meeting, February 2018, Charleston/Morgantown (telecast)

Please note the new District Branch Office Address, Phone Number, and Email address listed below. Please add this information to your contact list.

West Virginia Psychiatric Association
4754 Fire Creek Road
Charleston, WV 25313
304-776-5067
wvbpsych@frontier.com