

SUNY HEALTH SCIENCE CENTER AT BROOKLYN PROGRAM OBJECTIVES AND OVERVIEW

1. Background

The State University of New York Health Science Center at Brooklyn Geriatric Psychiatry Fellowship program was established in 1984 with funding from the National Institute of Mental Health. At that time, it was the only geriatric psychiatry training program in New York City. The program has been guided by four general principles:

(a) To develop clinicians (psychiatrists) with broad-based skills and knowledge in geriatric psychiatry; (b) To train and encourage clinicians to practice in public and/or academic psychiatry; (c) To increase the number of minority and culturally-sensitive clinicians working in geriatric psychiatry; (d) To broaden the scope of geriatric education and clinical services at SUNY Health Science Center at Brooklyn (HSCB) and for the borough of Brooklyn in general. To this end, the program has collaborated closely with the Veteran's Administration, the New York State Office of Mental Health, Kingsbrook Jewish Medical Center, the New York City Health and Hospitals Corporation, and the New York State Department of Health.

During the one-year training program, trainees are exposed to a full range of clinical experiences (see below for description). What is unique about this program is that the clinical experiences are done in the context of serving urban elderly who are often indigent and minority. Importantly, these experiences in the public sector are complemented by strong supervision from the academic sector. That is, on-site consulting SUNY faculty are available for didactic sessions, case conferences, clinical rounds, and informal discussions.

The academic foundations of the program also create the basis for trainees to learn the fundamentals of geriatric research. As a one-year program, it is primarily clinical in nature;

however, it is expected that all fellows participate in on-going research. Opportunities to develop their own research projects are encouraged, and schedules have been adjusted to accommodate those fellows with greater research interests. A description of the research projects are provided below.

The Geriatric Psychiatry program currently trains 3 fellows per year. There currently is a traditional one-year program; however, we hope to resume our 2-year HRSA Bureau of Health Professions program in future years. Support for the training program is provided by the New York State Office of Mental Health, Kingsbrook Jewish Hospital, and SUNY Downstate Medical Center. The program has one of the largest number of alumni of any geriatric psychiatry program in the country, having graduated 60 fellows of whom nearly all are working in the public or academic sector. Moreover, the program has a strong affirmative action approach: 47% and 40% of fellows have been minority and women, respectively.

2. Educational Goals and Objectives

The program has four broad educational goals and objectives:

- A. The primary goal of training in geriatric psychiatry is to produce specialists in the delivery of skilled and comprehensive psychiatric medical care of older adults suffering from psychiatric and neuropsychiatric disorders. The program also provides advanced training for the resident to function as an effective consultant in the subspecialty. The program emphasizes scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions. A unique focus of this program is to prepare trainees to work in public psychiatry.
- B. Clinical experiences that include opportunities to assess and manage elderly inpatients and ambulatory patients of both sexes with a wide variety of psychiatric problems.

Geriatric psychiatry residents are given the opportunity to provide both primary and consultative care for patients in both inpatient and outpatient settings in order to understand the interaction of normal aging and disease as well as to gain mastery in assessment, therapy, and management.

C. The program requires training in the biological and psychosocial aspects of normal aging; the psychiatric impact of acute and chronic physical illnesses; and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age.

D. The program focuses on multidimensional biopsychosocial concepts of treatment and management as applied both in inpatient facilities (acute and long-term care) and in community or home settings. There is an emphasis on the medical and iatrogenic aspects of illness as well as on sociocultural, ethnic, economic, ethical, and legal considerations that may affect psychiatric management.

The program not only includes the assignment of trainees to several clinical sites, but also requires that they assume different levels of responsibility at each site (e.g., supervised patient care at one site and administration at another). Such a diversified experience helps the trainee to develop an appreciation for integrated and comprehensive networks of mental health care as well as to appreciate the skills and expertise of other professionals in the field of geriatrics and gerontology.

Lectures, seminars, and a broad range of supervised clinical work in different settings are important to broaden the base of experience and knowledge and to demonstrate the appropriate use of conceptual, therapeutic, and management strategies for the care of the elderly. In

addition, interdisciplinary seminars can help the trainee to relate to a range of professionals and to understand the importance of continuity of care for older patients and their families.

More specifically, trainees are taught the following: (1) To make an accurate differential diagnosis of various psychiatric disorders in the aged; (2) To make a functional assessment of the elderly patient; (3) To understand the effects of medical illness on patient behavior and affect, and to appreciate the physical manifestations of psychiatric disorders; (4) To develop clinical skills across a range of standard therapies as they apply to the older patient; (5) To learn the appropriate pharmacologic management and treatment for the elderly as well as to be informed about psychotropic agents used in attempts to enhance memory and cognitive functioning; (6) To learn to develop appropriate plans for treatment, rehabilitation, management, and intervention; (7) To apply knowledge and clinical skills in a variety of health care sites; (8) To learn about sources of information and referral in older patients and their families in the community; (9) To evaluate the efficiency of treatment; (10) To develop an understanding of the range of health and social service disciplines in the care of the aged; (11) To understand the social and ecological antecedents to psychiatric illness in the elderly; (12) To develop an understanding of the ethnic and cultural factors that influence aging and the presentation and treatment of disease; (13) To identify and/or facilitate the development of critical support mechanisms for patients in order to maximize independence and self-esteem; (14) To be able to integrate mental health care with the existing network of aging services in the community; (15) To develop a knowledge of research techniques within the field of geriatrics and gerontology; (16) To develop administrative and teaching skills in geriatric psychiatry.

Although the broad objectives will be the same for each trainee, the program will be individualized to coincide with the background and future career plans of the individual.

Specifically, for those trainees who have had only minimal background in geriatric psychiatry, they will be expected to adhere to a more rigorous didactic program and fewer clinical electives. On the other hand, for those trainees who had extensive previous background, tutorials at SUNY HSCB and coursework at SUNY and other institutions will be arranged.

Finally, in accord with ACGME requirements, the training program expects its residents to obtain competence in the six areas listed below to the level expected of a geriatric practitioner. Thus, the program provides educational experiences in order for trainees to demonstrate the following:

A. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

B. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

C. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

D. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

E. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

F. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

In the sections below, we describe the clinical and didactic experiences that are offered to trainees so they may attain competency in the six areas described above.

3. **Clinical Experiences**

In order to address the training objectives outlined above, we have endeavored to create a broad array of clinical and research opportunities. The inclusion of these components are based on our many years of experience and survey research of other geropsychiatry programs (see Cohen & Pisano, 1988; Lieff et al, 2005). These components are described briefly in this section.

A. **Long-Term Care**

St Alban's Extended Care Center

St. Alban's Extended Care Center Veteran Administration has a required rotation of 24 hours per week for 2 months.

Faculty consists of 1 full-time geriatric psychiatrist (board certified) and 1 associate geriatric psychiatrist (boarded in family practice and psychiatry and a fellowship I geropsychiatry). There are also 5 internists, 1 neurologist, 1 psychologist, 6 social workers, 6 activity therapists, 2 physical therapists, and 2 occupational therapists available for consultation.

There is a 1-hour weekly case conference and weekly rounds (Dr. Dragicevic and David). Faculty is always available for on-site consultation.

The Center has 475 long-term and intermediate care beds. Residents perform consults throughout the Center and also work on the Dementia Unit, which is a 20-bed unit designed for the comprehensive evaluation and management of persons with cognitive deficits. The Center also has an adult day care program and a home care program to which residents participate in consult. The center's population is approximately 95% male, 5% female, 45% white, 54% Afro-American, 1% Latino. Patients' mean age is 72 years. Diagnoses comprise the following: 25% Dementia, with 20% PDD, 20% MID, and 60% other

(usually mixed or alcohol-related). There are approximately 20-30 new admissions per month to the entire center, and 5 new admissions per month to the Dementia Unit.

Residents are expected to learn the following: diagnosis and assessment of patients in nursing homes, management techniques including behavioral strategies and pharmacotherapy; skills in consultation to other disciplines; family consultation and support, use of respite services such as day care; instruction in use of group and activity therapies, working with and teaching non-mental health professionals about mental health in the aged, and learning about bioethical demands of the very old.

Residents carry an average caseload of 20 patients on the Dementia Unit, and perform 10 – 15 consults per week of patients in the remainder of the Center.

Supervision is provided in 1-1½ hour per week case conference weekly rounds and at least 2 hours of individual supervision with on-site faculty. PGY2 psychiatric residents, medical students may also be present.

The program offers an opportunity to learn various aspects of long-term care – special units, consultation, day care program, home care, and consultation-liaison – under the supervision of a multicultural faculty with an eclectic background and skills.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education, family care, and communication with long-term care patients.

Practice-Based Learning: ability to use clinical experience to improve care of long-term care patients.

Knowledge: to enhance knowledge about newer medications, medications and therapy for dementia disorders and for persons with chronic and disabling medical disorders.

Interpersonal/Communication Skills: work relationships, ability to work with older long-term care patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems; learn about the network of services for frail patients and their families

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

Palliative Care (Brooklyn VA)

Trainees will see patients on the in-patient palliative care service and also participate in in-patient consultations on other wards. In addition, trainees may also attend an ambulatory palliative care clinic and participate in diagnosis and management of a variety of life-threatening diseases, including advanced cancer, emphysema, and other end stage illnesses, under the supervision of palliative care attendings. Interdisciplinary skills and ethical and legal issues are an additional focus. This rotation is for 5 hours per week for 1 month. It is under the supervision of Dr. Alice Beal, a board-certified internist.

Competencies to be attained:

Patient Care: enhance diagnostic skills and learn about treatment of problems in older adults with pain and end-of life issues; learn about co-morbid psychiatric conditions that accompany these conditions

Practice-Based Learning: ability to use clinical experience to improve patient care of elderly persons with pain and end-of life issues.

Knowledge: to enhance knowledge about newer medications and adjunct treatment for persons with chronic pain, and disabling or terminal medical disorders.

Interpersonal/Communication Skills: work relationships, ability to work with older medically ill patients.

System-Based Care: ability to adapt to health care funding and delivery systems

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

B. In-Patient Treatment

1. Brooklyn Regional Collaborative Geriatric Psychiatry Unit (Kingsbrook Jewish

Medical Center

This is an acute care unit that is located on the campus of Kingsbrook Jewish Medical Center. This is a 30-bed unit dedicated to the treatment of a geriatric population. The average age of the patient population is 74. Patients fall into the following diagnostic categories: affective disorder (34%), schizophrenic/psychotic disorder (36%), complicated dementia (26%), adjustment disorder (4%). Trainees will spend 4 months on this rotation and will be expected to

carry a caseload of patients and serve as primary physicians to their assigned patients. This would involve psychiatric admission assessment, formulation of treatment plan, on-going interaction with the multidisciplinary team as it pertains to treatment and discharge planning. Fellows would participate in scheduled patient staff community meetings, morning rounds, interdisciplinary treatment planning meetings, staff meetings, etc. There is also a biweekly case conference under the supervision of Drs. Cohen and Casimir. There are opportunities to learn to use ECT with aging populations. They may participate in co-leading of groups for patients and/or families and research projects as they are developed. Fellows are also expected to provide geriatric consultations to medically-ill patients in the general hospital under the supervision of Drs. Talavera and Pinkhasov. Supervision on this rotation is provided by Nancy Talavera, M.D., who is board-certified geriatric psychiatrist and by Aaron Pinkhasov, M.D., who is boarded in psychiatry and internal medicine.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education, family care, and communication with acute mentally ill patients and dementia patients with severe behavioral problems. Learn to use of ECT.

Practice-Based Learning: ability to use clinical experience to improve care of acute mentally ill and dementia patients with severe behavioral problems.

Knowledge: to enhance knowledge about newer medications for acute mentally ill and about medications and therapy for dementia disorders, especially the treatment of cognitive and neuropsychiatric symptoms and for acute mentally ill persons..

Interpersonal/Communication Skills: work relationships, ability to work with older patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems for older mentally ill persons; learn about the network of services for dementia patients and their families

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

2. Kingsboro Psychiatric Center

The ability to treat acutely ill elderly in an intermediate-care setting is also a necessary skill for clinicians. Trainees will spend approximately 32 hours per week for 4 months on this rotation. Sophisticated use of medications and ECT with patients with multiple physical illness is a keystone of geriatric treatment. The Kingsboro Psychiatric Center provides the trainees with a 28-bed psychogeriatric unit that also serves as a teaching ward for SUNY HSCB residents. Approximately one-third of the patients suffer from affective disorders, one-half from psychotic disorders, and the rest from organic disorders or other conditions. The unit serves as a referral source from other hospitals, and this affords the trainees opportunities to review previous treatments and to implement innovative therapies. The trainees will have opportunities to conduct group therapy. The average caseload is approximately 10 patients. On-site supervision (e.g., daily rounds, clinical conferences) provided by Dr. Voigt, who is the director of the Psychogeriatric Unit and in weekly conferences with Dr. Norman Levy, who is a board-certified psychiatrist and national leader medical psychiatry. As medical director of the hospital, he also provides guidance on administrative and legal aspects of care. Dr. Carl Cohen provides biweekly case conferences. Dr. Lucille Horn, the program's neuropsychologist, conducts a biweekly neuropsychology case conference.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education and communication –all focused on treatment-resistant and persons with serious and persistent mental illness.

Practice-Based Learning: ability to use clinical experience to improve patient care.

Knowledge: to enhance knowledge about newer medications and medications for treatment-resistant cases; learn neuropsychology

Interpersonal/Communication Skills: work relationships, ability to work with older patients.

System-Based Care: ability to adapt to health care funding and delivery systems, especially programs for seriously mentally ill; use of the legal system for involuntary patients and forensic patients.

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility

C. Consultation-Liaison

St. Alban's Extended Care Center, Kingsbrook Jewish Medical Center

Another critical aspect of geropsychiatry is the ability to provide consultation for medically ill patients. Trainees will have extensive opportunities to learn geriatric consultation skills at St. Alban's Extended Care Center (long-term care patients) and at Kingsbrook Jewish Medical Center. Supervision is provided by Drs. Dragicevic and David (St. Alban's ECC), and Drs. Talavera, Pinkhasov (Kingsbrook).

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education, family care, and communication for patients in both acute care and long-term care settings

Practice-Based Learning: ability to use clinical experience to improve patient care in acute and long-term care settings.

Knowledge: to enhance knowledge about newer medications, medications and therapy for various psychiatric disorders in the context of medical illnesses

Interpersonal/Communication Skills: work relationships in hospitals and long-term care settings, ability to work with older patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems; learn about the network of aftercare services for medically ill patients

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility

D. Outpatient Treatment

Trainees will learn various aspects of outpatient geropsychiatric treatment including brief psychotherapy, dynamic psychotherapy, pharmacotherapy, and group therapy. Trainees will see patients at the outpatient clinic at SUNY HSCB. This clinic has an average census of approximately 150 geriatric patients. Trainees will receive supervision from Drs. Cohen and Casimir (psychopharmacology), Dr. Michael Berzofsky (group and individual therapy), and Drs. Cohen and Casimir (case supervision).

The geriatric psychiatry resident sees an array of outpatients. There is a multi-ethnic distribution of patients: 50% Caucasian; 40% Afro-American; 10% Latino. There is also a broad

distribution of diagnoses consisting of depression (30%); schizophrenia (50%); organic mental disorders (10%); bipolar disorder (10%). The average caseload will be 15-20 patients with 1-2 new cases per week. All trainees attend a weekly case conference under the supervision of Dr. Casimir.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, family care, patient education and communication in working with acute and persistently mentally ill.

Practice-Based Learning: ability to use clinical experience to improve patient care of these patient groups.

Knowledge: to enhance knowledge about newer medications, medications and therapy for various disorders, and medications for treatment-resistant cases.

Interpersonal/Communication Skills: improve work relationships, ability to work with older patients and their families

System-Based Care: ability to adapt to health care funding and delivery systems. Learn about community-based systems.

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility

E. **Memory Disorders Unit**

Trainees will spend 4 hours per week for 52 weeks evaluating patient at the SUNY HSCB Alzheimer's Disease Assistance Center. This center is funded by the New York State Department of Health. The center sees 125 new patients per year and provides follow-up and counseling to several hundred patients and families. Trainees will learn to assess and provide supportive treatment to patients and families. Trainees will be expected to learn neuropsychological techniques, and diagnostic protocols. Trainees also make visits to patient homes to conduct evaluation and follow-up treatment. Supervision will be provided by Drs. Carl Cohen and Georges Casimir (geropsychiatry), Dr. Howard Crystal (Neurology), Ms. Lorna Walcott-Brown and Dr. Andreas Adams (social services). All trainees will attend a weekly case conference.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education, family care, and communication with respect to dementia patients

Practice-Based Learning: ability to use clinical experience to improve patient care.

Knowledge: to enhance knowledge about newer medications, medications and therapy for dementia disorders, especially the treatment of cognitive and neuropsychiatric symptoms.

Interpersonal/Communication Skills: work relationships, ability to work with older patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems; learn about the network of services for dementia patients and their families

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

G. Specialty rotations

Residents will do four one-half day rotations in the following settings:

Geriatric Medicine Clinic: The Kings County Hospital Geriatric Clinic is a primary care clinic staffed by geriatric fellows and attendings, a gerontologic nurse practitioner, along with nursing and social work services. All referral services needed in the care of this population including audiology, optometry, physical rehabilitation, podiatry, dentistry, nutrition, and pharmacy are available within the hospital campus.

The patient population consists predominantly of seniors with multiple medical conditions and relatively preserved functional status, but a range of functional problems is represented. Geriatric residents see 1-2 new and 4-5 follow up patients per half-day session. They will work closely with the Geriatric medicine resident. Fellows receive on-site precepting by attending geriatricians, and interact with other members of the health care team in developing and achieving goals for the patient, such as maintaining function and independence, and obtaining health care screening, and receiving ongoing treatment of chronic and intercurrent medical problems. Emphasis is also placed on developing well coordinated care and continuity of care for patients who have not previously achieved this goal. This rotation is for 4 hours per

week for one month. It is under the supervision of Dr. Steven Kaner, a board-certified geriatrician.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education, family care, and communication with respect to dementia patients

Practice-Based Learning: ability to use clinical experience to improve patient care.

Knowledge: to enhance knowledge about newer medications, medications and therapy for dementia disorders, especially the treatment of cognitive and neuropsychiatric symptoms.

Interpersonal/Communication Skills: work relationships, ability to work with older patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems; learn about the network of services for dementia patients and their families

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

Palliative and End of Life Care: this clinic is situated at the Brooklyn Veterans Administration Hospital and provides residents with the opportunity to participate in the care of terminally ill patients and those persons requiring pain management. Residents also participate in hospice care. Residents spend 4 hours per session for one month.

Competencies to be attained:

Patient Care: enhance diagnostic skills and learn about treatment of problems in older adults with pain and end-of life issues; learn about co-morbid psychiatric conditions that accompany these conditions

Practice-Based Learning: ability to use clinical experience to improve patient care of elderly persons with pain and end-of life issues.

Knowledge: to enhance knowledge about newer medications and adjunct treatment for persons with chronic pain, and disabling or terminal medical disorders.

Interpersonal/Communication Skills: work relationships, ability to work with older medically ill patients.

System-Based Care: ability to adapt to health care funding and delivery systems

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

Geroneurology: this clinic is situated at University Hospital of Brooklyn is under the supervision of a behavioral neurologist (Dr. Howard Crystal). The clinic affords the resident the

opportunity to see movement in older persons with dementia and neurological disorders. Many patients have mixed disorders that include elements of vascular, Lewy-body, Parkinson's disease or Alzheimer's disease. Residents also see patients with mild cognitive disorders. They spend 4 hours per session for one month.

Competencies to be attained:

Patient Care: diagnostic skill, pharmacology, treatment planning, patient education, family care, and communication with respect to cognitive disorders, dementia and other neurological conditions.

Practice-Based Learning: ability to use clinical experience to improve patient care of dementia and neurological patients.

Knowledge: to enhance knowledge about newer medications, medications and therapy for cognitive and dementia disorders, especially the treatment of cognitive and neuropsychiatric symptoms as well as persons with comorbid neurological problems.

Interpersonal/Communication Skills: work relationships, ability to work with older patients and their families.

System-Based Care: ability to adapt to health care funding and delivery systems; learn about the network of services for dementia patients and their families

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision making, cultural competency, handle and seek higher responsibility.

4. Treatment Modalities

As outlined previously, the trainees will be expected to utilize a broad range of treatment modalities. Among the principal methods are:

A. Psychotherapy: Trainees under the supervision of Drs. Cohen and Casimir will be responsible for a minimum of 4 hours per week of psychotherapy (divided between inpatient and outpatients). The trainees are to be expected to learn the different strategies that are used in treating older persons as compared with younger individuals. In concert with their didactic work, the trainees will explore various techniques, e.g., life review, supportive therapy, dynamic therapy, cognitive therapy.

B. Group Therapy: Trainees will conduct a group treatment session once weekly at Kingsboro Psychiatric Center and attend an Alzheimer's disease support group.

C. Family Therapy: Trainees see many family members who accompany patients for dementia care and for general psychiatric treatment. Trainees are expected to meet with family members on a regular basis to gain a knowledge of family dynamics, caregiver burden and stress, and multigenerational issues. On-site supervision is provided by Dr. Andreas Adams and Lorna Walcott-Brown, M.A.

D. Psychopharmacology: The trainees will have ample opportunities to learn the nuances of using medication with aging individuals. The inpatient unit, outpatient clinics, and the mobile geriatric unit will provide a variety of diagnostic and clinical situations to use medication. Because the didactic sessions will include considerable material on psychopharmacology, the trainees will be able to apply principles learned in the classroom. General supervision will be provided by Drs. Cohen and Casimir, and various on-site supervisors.

E. Electroconvulsive Therapy: During the rotation at Kingsbrook Jewish Medical Center. Fellows will also accompany patients for ECT during their rotation at Kingsboro Psychiatric Center.

F. Crisis Intervention: Working in the outpatient units will afford trainees an opportunity to apply techniques of crisis intervention. The trainees will learn to perform rapid assessments of clinical status and to decide whether hospitalization is necessary. At times, they will be expected to make home visits. These interventions will provide trainees with opportunities to further develop their skills in brief psychotherapy and psychopharmacology.

G. Behavior Therapy: Behavioral techniques can be extremely useful, especially in managing the dementia patients and psychiatric patients with behavioral problems. Trainees will learn various techniques at Kingsbrook and Kingsboro inpatient units. Moreover, in the outpatient unit,

they will be expected to work collaboratively with the cognitive-behavioral program that is also located at the outpatient site

H. Home Visits: As part of the Memory Disorders Unit training, trainees will be expected to make visits to homebound patients. Dr. Andreas Adams or Lorna Walcott-Brown, M.A. will provide supervision and accompany the fellows.

I. Community Education

Trainees will be expected to accompany a community educator (Dr. Andreas Adams) for presentations at various community sites such as senior centers, churches, synagogues, and other senior organizations. This will give the trainee an opportunity to learn about the Brooklyn communities and to see healthy seniors.

5. Course Curriculum

The trainees will be exposed to a variety of case conferences and didactic sessions throughout the year. Trainees will also be reimbursed to attend the annual meeting of the American Association of Geriatric Psychiatry.

A. Case Conferences

1. Inpatient Unit (KPC)

- (a) Dr. Cohen, senior psychiatrist - 1-hour/biweekly case conference
- (b) Dr. Horn, neuropsychologist - 1-hour/biweekly case conference
- (c) Dr. Levy - 1-hour/weekly case conference

2. Alzheimer's Disease Assistance Center

- (a) Weekly 1-hour multidisciplinary case conference chaired by Drs. Cohen and Casimir

3. Kingsbrook Jewish Hospital

- (a) Bi-weekly multidisciplinary case conference chaired by Drs. Cohen and Casimir

4. Outpatient Clinic (DMHA)

(a) Two weekly case conferences (1 hour; $\frac{3}{4}$ hour) chaired by Drs. Casimir and Cohen

B. Grand Rounds (optional)

A quarterly 1½ -hour conference in which outside guest experts present lectures or chair case conferences.

C. Journal Club

There is a weekly journal club under the leadership of Drs. Cohen and Casimir

D. Seminars

A weekly 1-hour presentation by the Geropsychiatry faculty and invited guest faculty.

The topics can be divided into 8 categories:

1. Seminar in Dementia and Organic Mental Syndromes
2. Seminar in Depression and Other Psychiatric disorders
3. Seminar in Inter-generational Issues, Aging, and Human Development
4. Seminar in Cross-Cultural Aspects of Geriatric Psychiatry
5. Seminar in Medical Aspects of Aging
6. Seminar in Special Topics of Aging, e.g., legal, ethics, administrative
7. Seminar in Research Methods

E. Courses in the SUNY Downstate School of Public Health

Trainees will have opportunities to take courses in the School of Public Health such as biostatistics, epidemiology, health systems, and so forth.

Competencies to be attained:

Patient Care: diagnostic skill, therapeutic alliance and rapport, psychotherapy, pharmacology, treatment planning, patient education and communication

Clinical Science: pharmacology, psychotherapy, differential diagnoses and formulation

Practice-Based Learning: ability to use clinical experience to improve patient care

Knowledge: expertise in major areas of geriatric psychiatry including dementias, depression, psychoses, anxiety disorders, personality disorders, relevant neurological conditions, relevant medical conditions, end-of-life issues, palliative care, aging and development, cross-cultural issues, psychosocial issues, research methods, and various special topics such as ethics, legal issues, and administration.

Interpersonal/Communication Skills: work relationships, ability to work with older patients,

System-Based Care: ability to adapt to health care funding and delivery systems

Professionalism: ability to coordinate complex patients, documentation, teaching, ethical decision-making, cultural competency, handle and seek higher responsibility

6. Teaching

Trainees will be expected to assume a supervisory role for residents rotating through the inpatient and outpatient units in geriatric psychiatry. They will also be expected to supervise medical students and non-psychiatric residents at various training sites. They will also participate in small-group teaching of first and/or second year medical students. Moreover, they will be expected to speak to lay audiences at senior centers and other community groups.

7. Administrative

Trainees will assume a leadership role in the running of the inpatient geropsychiatry units especially at Kingsboro Psychiatric Center. They will also receive administrative supervision from Drs. Levy, Casimir, and Cohen.

8. Research

Trainees will be expected to participate in several on-going research projects, including projects on dementia, cross-cultural aspects of aging, and psychopharmacology. Moreover, trainees will also be encouraged to develop their own projects.

9. Evaluation

A. Trainee Evaluation

Trainee work is evaluated in three ways:

- (1) A formal evaluation form completed by relevant supervisors.
- (2) A semi-annual staff meeting in which the trainees' progress is assessed, and quarterly meeting between the training director and the directors of each site.
- (3) On-going supervision of cases, including chart reviews.
- (4) Mock board evaluations
- (5) Evaluations by their patients and professional co-workers.

B. Program Evaluation

The program is evaluated in three ways:

- (1) Trainees complete evaluation forms of the rotations, seminars, case conferences, and faculty.
- (2) Follow-up of trainees to determine current professional duties and types of patients being served.
- (3) Number of applicants to program.

References

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SUNY Downstate Medical Center
One –Year Fellowship Program in Geriatric Psychiatry

SUNY DMC has one of the oldest geriatric psychiatry training programs in the country. Established in 1984 under the leadership of Dr. Carl I. Cohen, a nationally known educator and researcher in geropsychiatry, the program has graduated over 60 fellows. The program was among the first to receive ACGME accreditation. Over the years, the program has received support from the National Institute of Mental Health, the Health Resources Services Administration, the New York State Office of Mental Health, and the Veterans Administration. The program has more than 20 faculty members from various disciplines including geropsychiatry, medicine, neurology, social work, and neuropsychology who provide supervision at the various training sites. SUNY DMC offers one of the most comprehensive clinical programs in the country with experiences in:

- Acute in-patient treatment at Kingsbrook and Brunswick hospitals
- Intermediate care treatment at Kingsboro Psychiatric Center
- Nursing home care at St Albans V.A.
- Consultation-Liaison at St. Albans and Kingsbrook hospitals
- Outpatient treatment at SUNY DMC
- Alzheimer's Center at SUNY DMC
- Home visits at SUNY DMC
- Community Education at SUNY DMC
- Palliative Care and End-of –Life Treatment
- Geriatric Medicine
- Gero-neurology

Fellows also have opportunities to do teaching with SUNY DMC residents and students, to take courses in the School of Public Health, and to conduct research under the supervision of Dr. Cohen. There are numerous case conferences, a journal club, and 48 didactic lectures.

Qualifications: Applicants must complete a 4-year accredited residency program in psychiatry, be a permanent resident or U.S. citizen, and be eligible for a NY medical license.

For further information contact:

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