



Department of Psychiatry and Health Behavior

2006-2007 ANNUAL REPORT

Submitted to:
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I. Executive Summary

The 2006-2007 annual report highlights the activities and continued positive departmental financial picture for an unprecedented fifth successive year. The department is preparing to move into its new administrative building – The Stoney building. We have continued to match high caliber new residents in our adult psychiatry, child/adolescent psychiatry and psychology programs. We launched two new fellowship positions. We also added new leadership for the psychiatry adult residency and for our medical student teaching. We also had new clinical and research contracts come into our department. This progress, reflected well in the document herein, signifies that this department is moving into a new era of its history.

The efforts of ALL departmental members are much appreciated.

Peter F. Buckley, M.D.
Chairman, Department of Psychiatry and Health Behavior
Associate Dean for Leadership Development

Departmental Statistics

“Snapshot”

- 34 regular faculty appointments
 - 10 - Professor level
 - 7 - Associate Professor
 - 16 - Assistant Professor
- 2 Associate Dean appointments
- 50 clinical faculty appointments
- 7-year (2006-2014) accredited child and adolescent fellowship with 4 fellows
- 5 year (2006-2011) accredited psychology residency with 7 residents
- 3-year (2006-2009) accredited adult psychiatry residency with 20 residents
- 16 academic staff positions
- 999 adult inpatient admissions
- 465 child and adolescent inpatient admissions
- 23, 389 outpatient visits
- \$3,271,198 clinical professional billing charges
- 2 federal grant awards
- 41 clinical, educational and research contracts

Current Departmental Faculty

Josephine Albritton	Sahebarao Mahadik
John Arena	Erick Messias
Patrick Boudewyns	Ramanujam Mohan
Peter Buckley	Carmen Nichita
Bernard Davidson	Ananda Pathiraja
Juan DeLecuona	Dale Peeples
Denise Evans	Anil Pillai
Adriana Foster	Jeffrey Rausch
Priscilla Gilman	Niranjini Reddy
Henry Hobby	Susan Sato
Amy House	Simon Sebastian
Rebecca Jump	Sandra Sexson
Brian Kirkpatrick	Nitin Shendarkar
Christian Lemmon	Stewart Shevitz
Eric Lewkowiez	Lionel Solursh
Donna Londino	Lara Stepleman
Alex Mabe	Geoffrey Young

II. High Level Achievements

Department of Psychiatry and Health Behavior Academic Year 2006-2007

- Department maintains positive financial balance for 5th consecutive year
- Dr. Donna Londino appointed to ABPN Child and Adolescent Psychiatry Written Exam Committee.
- Dr. Sandra Sexson elected to Nominating Committee of AACAP.
- Dr. Sandra Sexson receives 2006 Catcher in the Rye Award for outstanding leadership in Child and Adolescent Psychiatry.
- Dr. Sandra Sexson named to Board of Regents of American College of Psychiatrists.
- The Columbia County Department renew Juvenile Justice/Department of Psychiatry MCG contract for Family Solutions Program.
- Dr. Peter Buckley elected to Editorial Boards, Current Psychiatry, and Clinical Schizophrenia.
- Faculty give presentations at Institute on Psychiatric Services, American Diabetes Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association, Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS), Annual Arthur P. Noyes Schizophrenia Conference, Georgia Academy of Pediatrics, International Congress on Schizophrenia Research, National Youth at Risk Conference, Annual Society of Behavioral Medicine Conference, and at the Augusta Metro Chamber of Commerce
- Adopted PowerChart Office EMR as institutional leader August 14, 2006.
- The Department joined WellPoint telemedicine network.
- Dr. Sandra Sexson noted in "American's Top Doctors".
- Dr. Peter Buckley is President of American Association of Chairs of Departments of Psychiatry.
- Dr. Peter Buckley named "Psychiatrist of the Year" by the Georgia Psychiatric Physicians Association (GPPA).
- Stoney building was approved.
- Dr. Denise Evans appointed Chair of the Mental Health Sub-Committee of the VISN 7 Health Systems Council and serves as VISN 7 Mental Health Liaison to VHA Co Office of Mental Health.
- Increase resident research productivity.
- Drs. Miller and Gowan reviewed resident research awards from GPPA.
- Dr. Jeffrey Rausch inducted to American College of Neuropsychopharmacology.

III. Strategic Planning

Educational Activities

The four key areas of educational activity for the department include medical student education, the general psychiatry residency program, the psychology residency program, and the child and adolescent residency program. Detailed reports for each are in the following sections.

It was a year that saw 12 MCG students declare psychiatry as their field of specialization, two of whom remained here at MCG to continue their training. Dr. Josephine Albritton of our department was named Medical Director of the Clinical Skills Program in the School of Medicine. Dr. Adriana Foster was named Associate Director of Medical Student Education for the department. Departmental visibility and contribution to the medical student effort has been tangible and significant, and is outlined in detail below.

The general psychiatry residency saw the addition of a new Associate Training Director in Dr. Erick Messias. The match saw 5 new PGY-1's joining us in July, two from MCG, one from the University of Florida, one from the University of South Florida, and an internal medicine transfer from the University of North Carolina (Wilmington). A redesigned and enhanced residency curriculum has been put into place and should bear fruit over the coming years in terms of improved residency performance and productivity. We were very pleased to see four of our six graduating residents moving on to advanced fellowship training or academic positions upon graduation.

The MCG-VAMC Psychology Consortium continues to excel as one of the 20 Psychology training programs in the country that are federally funded. Among many initiatives, special mention and focus is detailed below regarding the residency's involvement with Project GREAT (Georgia Recovery-Based Educational Approach to Treatment). This effort, as discussed, focuses not just on the MCG community but on disseminating Recovery knowledge, skills, and attitudes throughout Georgia's MHDDAD Region 2.

The Section of Child, Adolescent, and Family Psychiatry has also outlined a number of notable achievements for the past academic year. A new faculty member, Dale Peeples, M.D., joined the Section in July. Telepsychiatry efforts and YDC consulting has been re-invigorated. Educational achievements have been noteworthy and Dr. Donna Londino was named a Harvard Macy Teaching Scholar. Faculty research productivity as well as regional and national distinction is outlined in their report.

Adult Psychiatry Residency Program

The 2006-2007 academic year was a year of continued growth and development of the quality and scope of the general psychiatry residency program. Significant achievements this past year include a revamping of the educational offerings to trainees, and a rededication of the commitment between residents and faculty to work collaboratively in the educational process. Residents and faculty were also successful in working together in the recruitment of an exceptional incoming class of PGY-1 residents. The addition of the Associate Training Director position filled so capably by Dr. Erick Messias showed tangible benefits and even greater promise for the future. The initial effort of the year was aimed at RRC issues.

One area of major focus has been to address the issues brought to the program's attention in the last RRC letter received in July of 2006. A three year continued accreditation status was granted in April of 2006, and in July the formal letter arrived outlining the citations to be addressed. The principal concerns and the program's corrective steps are as follows:

1. Outpatient residents need consistent office space in which to see their patients in their third and fourth PGY years.
 - a. This issue has been addressed in part by rescheduling, and resolution will be greatly facilitated by the departmental relocation to the Stoney building later in this calendar year.
2. Residents were found not be consistently receiving the 2 hour mandated individual supervision required by the Psychiatry RRC.
 - a. This issue has been discussed at numerous faculty and resident meetings. A half day faculty retreat in October devoted half of its time to educational issues including competencies, supervision, and feedback. Newly revised evaluation forms in one45 for supervisory purposes were developed by the Associate Program Director, Dr. Erick Messias. In addition, for documentation purposes, a supervision log has been instituted effective July 2007 in which residents and faculty supervisors will document weekly that the required supervision has occurred each week. This will be tracked quarterly by the residency training office and compliance will be aggressively managed by the Residency Promotion and Education Committee.
3. Concerns were raised about the quality of the Substance Abuse rotation at the Uptown VA.
 - a. This rotation was completely revised. A new attending with whom the residents will work was assigned to the service. New goals and objectives were outlined, and initial feedback has been very positive.

4. The need for continued faculty training on the ACGME competencies was an area of focus that was emphasized.
 - a. This was another area discussed at the October faculty retreat. Dr. Sandra Sexson, Chief of our Section of Child, Adolescent, and Family Psychiatry, is the former chair of the Psychiatry RRC and a national expert on this area. She presented to the faculty and has consulted on the development of faculty evaluation formats that are competency-based,
5. The need to monitor Board Certification attempts and success by trainees was noted.
 - a. The Psychiatry RRC has suggested an attempt rate of 70% by one's graduates and a pass rate of 50 %. MCG's general psychiatry numbers show an attempt rate approaching 100% and a pass rate of 65-70%, in its alumni.

Another area of success for the training program this past year was the recruitment of an exceptionally qualified incoming PGY-1 class. Interest in the program was again demonstrated by rise in applications and a rise in the number of interviews conducted. Approximately 42 applicants interviewed for 5 available PGY -1 positions. In the end 2 MCG students were successful in securing positions, as well as one student from USF, one from the University of Florida, and one transfer from the UNC Internal Medicine Training program who opted to retrain in Psychiatry. This past year there were several highly qualified applicants including MCG students who were unsuccessful in matching at their first choice, MCG, because of the demand for positions.

A newly created Associate Training Director position was filled by Erick Messias, M.D., Ph.D., M.P.H., who (although competitively sought after by both Johns Hopkins and University of Baltimore) joined the department in August of 2006. Dr. Messias has been a tremendous asset to the training program. He has served as a mentor for scholarly projects by the PGY-3 residents. He has taken over responsibility for the monthly journal club offering for the residents, a series that has been enthusiastically received by the resident body. He has had the breadth of experience to be one of the principal instructors in psychodynamic psychotherapy for the department as well. His spirit, enthusiasm, and dedication to education have been well-received and well-regarded by the Department, the residents, and more recently the School of Medicine as he assumes the responsibility for the Phase I ECM course.

Another focus of great time and energy by the training program has been the implementation of recommendations generated in large part by the annual resident retreat held in April of 2007. In the discussions before and after this meeting, residents and faculty dealt with how to "raise the bar" of expectations for resident performance in the residency. Further enhancement of educational

offerings has also been reviewed and firm plans set into place. Key items that will be part of these enhancements include:

- a. The adoption of Kaplan and Sadock's Comprehensive Textbook of Psychiatry as the official textbook of the residency program.
- b. The department's commitment to education as evidence in part by the decision to provide a copy of this textbook to each resident.
- c. The implementation of a weekly morning report
- d. Enhanced protected time for PGY 1-2 residents for their weekly seminars, with each Thursday a.m. from 7:30- 1PM dedicated to educational endeavors.
- e. The significant revision of seminar offerings in line with the textbook and other identified needs regarding neuroscience, psychotherapy, and transition to practice issues.
- f. The addition of a monthly clinical neurological conference to the seminar offerings
- g. The adoption of the expectation by the Residency Education Committee that residents will perform at not less than the 30th percentile in the PRITE. Performance below this standard will be helped by remedial work, and each resident in this circumstance will be asked to provide a remedial plan.

Another key aspect of this has been the heightening of the collaboration between residents and faculty regarding their education. Both groups have rededicated themselves to the notion of taking responsibly for one's education, with the faculty helping the trainees to develop the tools they will need to be the life long learners that they need to become in order to be the effective clinician/educator/researcher of the future.

The residency also takes note of this year's graduates and their being position as future leaders of the psychiatric profession. Dr. Mahnaz Pezeshpour, completing her general residency training, will be joining the faculty at UCLA in the Department of Child and Adolescent Psychiatry. Dr. Tom Earwood, an MCG graduate, is joining the U.S. Air Force Aerospace Medicine fellowship program. Dr. Syed Mahmud is moving on to Consultation-Liaison fellowship at SUNY Syracuse. Dr. Mukta Chandora is joining the staff of the Atlanta VA Outpatient Clinic. Our graduating chief resident Dr. Shabeer Abucker is entering the public sector in a community mental health center in suburban Nashville. And Maria Johnson, (completed her residency in December of this year) is a Janssen Fellow in the APA and is planning to pursue a research career in psychiatry.

The training director remains active in a number of activities. Dr. Shevitz continues to participate nationally as an examiner for the American Board of Psychiatry and Neurology, Inc., most recently at the examinations conducted in NYC in May. He also serves regionally at USC and MUSC as an examiner for mock board examinations at those sites. He also remains active locally in educational endeavors. He was asked to chair the Student Promotions

Subcommittee for the class of 2010, after having seen the class of 2006 whose subcommittee he chaired graduate successfully. A past member of the Admissions Committee of the School of Medicine (2003-2007), and interviewer of applicants for admission to the SOM the past 4 years, Dr. Shevitz has been asked to serve another 3 year term on the SOM Admissions committee effective August 2007.

Child and Adolescent Psychiatry Programs

The Medical College of Georgia Division of Child, Adolescent and Family Psychiatry functions within the Department of Psychiatry and Health Behavior in educational, clinical and research arenas. Dr. Sandra Sexson serves as both Chief of the Division and Program Director for the Training Program in Child and Adolescent Psychiatry. This year the Division added Dale Peeples, MD, a child and adolescent psychiatrist, to the faculty and continues to recruit for additional faculty members.

The Child and Adolescent Psychiatry Educational Programs CAP Residency Training Program

The Child and Adolescent Psychiatry (CAP) residency training program is a fully accredited ACGME residency operated under the sponsorship of the Division, the Department and MCG which offers two training positions for each of the two years of CAP training. The program again enjoyed a successful resident-recruiting season, filling both incoming positions in the CAP National Residency Match Program in January 2007. Two residents will graduate, Rosalind Spells, MD, on June 30, 2007 and Mark Hessenthaler, M.D. on August 31, 2007. In addition, the CAP faculty worked collaboratively with the general psychiatry program to recruit outstanding residents into the PGY I class, some of which have interest in training in CAP. It is our plan to offer the possibility of integrated training in psychiatry and CAP to resident applicants for July 2008, hoping to identify early psychiatry residents who are interested in CAP training and optimize their experiences in both general and child psychiatry.

The 2006-2007 academic year marked the successful revision and expansion of the biennial educational program which offers didactic education to the resident classes separately during the summer, but joins the classes for a biennial curriculum from September through June each year. The revised curriculum has been well received by both faculty and residents. An addition to the curriculum this year was three monthly continuous case psychotherapy conferences during which residents presented ongoing therapy cases, frequently with video of these cases for group discussion and supervision. Modalities included play therapy, behavior therapy, cognitive behavior therapy and psychodynamically informed therapy. In the coming year we plan to add a case conference monthly that addresses cases with complicated psychopharmacology issues. Additionally this year all the assessment tools were revised to reflect both the individual goals of each rotation as well as the core competencies. These assessment tools have been integrated into the web-based program One45 which allows for distribution and collection of evaluation instruments as well as maintenance of the individual residents learning portfolio while tracking the resident through the program requirements. One45 has also allowed for on-line scheduling of rotations, monitoring of leave, duty hours, etc. In the upcoming year we plan to expand our use of One45 to take advantage of other features that it offers. We expect to

make even further refinements and revisions in our program through the input of Donna Londino, M.D., our faculty member who was awarded a Harvard Macy Teaching Scholarship this year and is participating in the intensive course in Boston aimed at developing outstanding teachers in the medicine.

The CAP educational program values interdisciplinary educational efforts with participation with general psychiatry and psychology. This year we have continued two monthly interdisciplinary conferences with expanded attendance from pediatric psychology faculty as well as our own CAP and psychology trainees and faculty. We have also hosted a monthly spirituality and religion conference and a monthly Journal Club. This year our culture conference was a movie club during which we watched and discussed movies that demonstrated the impact of cultural issues in the normal and psychopathological development of children and adolescents. This movie club was widely attended by medical students, general psychiatry residents as well as CAP residents and faculty.

The Division's educational endeavors also focus on academic endeavors and research methodology and the integration of an academic project into each resident's training. This year we implemented a new approach to our research training. Drs. Mabe and Londino lead a monthly year long course for CAP residents which focused on teaching methodology while guiding the development of each resident's academic project throughout the year. In June 2007 both graduating residents presented their academic projects in a format somewhat similar to a dissertation defense. Dr. Spells focused on reading disabilities and Dr. Hessenthaler presented his work with Dr. Londino regarding the treatment of children and adolescents with Asperger's Syndrome with risperidone. In the academic educational arena, Dr. Gowans was elected a PRITE Fellow, specifically a CHILD PRITE fellow by the American College of Psychiatrists. Dr. Hessenthaler served as a monitor at the annual AACAP meeting. Dr. Spells received a grant to attend the chief resident's meeting at the APA Institute on Psychiatric Services. Dr. Gowans also presented a poster at that same meeting.

Our residents again participated in the psychiatry in-training exams as well as the nationally administered psychotherapy exam. We were pleased that the resident performance on the CHILD PRITE showed much improvement over previous years with our mean scores well above the national average.

Other Educational Efforts

Child and Adolescent Psychiatry faculty actively teach in the general psychiatry and medical school curricula. This year Dr. Peeples coordinated the general psychiatry didactics related to child and adolescent psychiatry. Our faculty members provide long term supervision for general psychiatry residents as well. Dr. Londino, along with other faculty, supervise general residents on a two month rotation on the child and adolescent psychiatry inpatient unit. Dr. Londino was named by the general psychiatry residents as Clinical Supervisor of the Year for 2006-07. For the 2007-2008 academic year, we are adding a half day for the

general psychiatry residents in their outpatient year in the child and adolescent psychiatry clinic which Dr. Lewkowiez will supervise. Dr. Sexson serves as the CAP representative on the Psychiatry Residency Education Committee and the Psychiatry Education Committee.

Child and adolescent psychiatry faculty contribute significantly to medical school education at all levels. Dr. Londino continues her extensive involvement in the medical school curriculum in her leadership role for the Phase I Neuroscience Course and her continued appointment as Core Clinical Educator for 2006-2007 for her work with medical students. She serves on the Phase I/II Curriculum Committee and was appointed to the MCG-UGA Phase I/II Curriculum Planning Committee. She also is the primary supervisors for CAP clerkship students although all of the CAP psychiatry faculty members have some supervisory input into that rotation. In addition, Dr. Lewkowiez serves as an outpatient mentor for medical students on the adult psychiatry services. Both Drs. Lewkowiez and Peebles serve as facilitators for medical students in the ECM I Communications Lab as well as the Behavior Change Lab. Six medical students took electives in child and adolescent psychiatry based educational experiences. At least four of the medical students who chose psychiatry for post graduate training have strong interests in ultimately pursuing training in child and adolescent psychiatry. Dr. Lewkowiez has recently been appointed as an interviewer for the MCG Admissions Committee and as a member of the Student Promotions Committee. Drs. Londino, Lemmon and Sexson serve on the Psychiatry Medical Student Advisory Group.

Throughout the year our faculty members participate in community education programs as well. Dr. Londino again spoke at USC Grand Rounds. Dr. Lewkowiez spoke at a NAMI sponsored session. Dr. Peebles serves as a resource person for a student community activist group. Dr. Mabe conducted numerous community outreach presentations in Waynesboro, Georgia and in Augusta. In addition, Dr. Lewkowiez has been active in advocacy for child mental health issues with state legislators and with a consortium of pediatricians concerned about reduced services for children and adolescents. Dr. Sexson worked with the Georgia Council on Child and Adolescent Psychiatry, the Georgia Academy of Pediatrics and NAMI Georgia and NAMI Augusta to obtain a small advocacy grant from AACAP to foster the development of a plan for increasing access to child and adolescent psychiatry consultation in rural Georgia.

At a national level our CAP faculty members are active in psychiatric and psychology education. Dr. Davidson has been a featured speaker at two national conferences regarding his family group intervention for diversion from juvenile delinquency. Dr. Londino served as a board examiner for the ABPN CAP exam in November in Seattle and has recently been appointed to the ABPN CAP Written Exam Committee. As noted before she is also a Harvard Macy Teaching Scholar, awarded by the Lasdon Foundation and the American Academy of Child and Adolescent Psychiatry. Nationally Dr. Sexson continues in her active role in

the administration of psychiatric education. She served on the Executive Council of the American Association of Directors of Psychiatry Residency Training through March 2007, as a member and Chair (2006) of the ACGME Psychiatry RRC and as a Team Leader for the ABPN CAP board examination, leading an adolescent examination team and serving on the CAP Steering Committee and Written Exam Committee, as well as Chair of the CAP Recertification Exam Committee through December 2006. She continues on the ABPN CAP Written Vignette Development Committee and the group that is working toward moving part of the live patient exam into the training program as a credential for board certification. Dr. Sexson also chairs the American Academy of Child and Adolescent Psychiatry (AACAP) Work Group on Maintenance of Certification which develops an annual life-long learning training module for child and adolescent psychiatrists to facilitate the recertification process. In this role she also co-chairs two national CME programs sponsored by AACAP for maintenance of certification purposes. She also serves as a consultant to AACAP's Work Group on Education and has been recently appointed to the advisory committee to AACAP's newest educational endeavor, eAACAP, which is a new initiative to provide on-line educational content for patients and families as well as professionals. Dr. Sexson received the AACAP individual Catcher in the Rye Award in October 2006 for her broad contributions to psychiatric education in the United States. At the American Psychiatric Association Dr. Sexson chairs the Council on Medical Education and Life-Long Learning. At the American College of Psychiatrists Dr. Sexson serves as Chair of the PRITE (psychiatry in-training examination) Commission and is an elected member of the Board of Regents. Dr. Sexson served as program chair for the annual meeting of the Society for Professors of Child and Adolescent Psychiatry (SPCAP -- organization of CAP Division Directors) in April 2007. Frequently Dr. Sexson consults with various national groups and committees regarding regulatory issues in psychiatric residency education and gives invited presentations regarding Psychiatry RRC requirements at annual meetings of AACAP, AADPRT, and SPCAP.

Clinical Efforts and Contributions

This year has been a year of change in our clinical efforts. We added a new faculty child and adolescent psychiatrist, Dr. Peeples who was able to work with Dr. Sexson in initiating the child and adolescent telepsychiatry program with outreach clinical efforts to over 30 local hospitals in rural Georgia. This program began as a monthly half day clinic and has expanded to two half days monthly. Dr. Sexson is working with Paula Guy of WellPoint to optimize this service and expand the outreach. Drs. Sexson and Peeples visited five centers across the state as a part of the launch of this program. Additionally the CAP program launched an off-site PCA child psychiatry service at the request of the Department. Dr. Lewkowiez initially spent one day weekly off site. In February Dr. Peeples added a half day clinic to this program. Most of these services are being reconsidered at this time for multiple reasons but the actual clinical service

was well received. Unfortunately the CAP clinical programs lost a valued asset this year, the CARE program, when the State moved to a fee for service model and discontinued its grant programs. Within the MCG-HI clinic, the CAP program set up training clinics to optimize educational supervision and reimbursement. These clinics are being further tweaked for the upcoming academic year. The Division developed a clinical intake packet for patients and families to complete prior to first visits to provide more comprehensive and efficient care. These have not been implemented as yet. Child Psychiatry clinicians have actively embraced the PowerChart Office electronic record. Drs. Peebles and Lewkowitz in consultation with other faculty and residents worked with IS to develop a CAP specific initial evaluation template and a follow-up template that have made electronic charting more efficient as well as clinically comprehensive. The plan is to expand these templates to include some diagnosis specific templates as well over the next year. We have worked with the Clinical Intake and Triage Team to improve the care of CAP patients and their families in the ED and have moved on our inpatient service to expand family based care. Dr. Londino has initiated an adolescent group for individuals with Asperger's Disorder. Finally, with Dr. Mabe's leadership, we have worked to develop a model for an ADHD Center of Excellence to provide intensive short term interventions for complicated ADHD cases as well as detailed consultation to referral sources regarding ongoing management of these cases. Integral to this program are comprehensive evaluations, parent and child/adolescent group interventions, school consultation, and medication management. The plan is in place for implementation in the coming academic year.

Academic Productivity/Research

The Division's focus and improving resident education and participation in research and academic activities was successful this year as described in the educational components. Research endeavors are identified elsewhere in this Annual Report, but a few CAP contributions are highlighted below. Dr. Davidson continues his Family Solutions Program grant and gave presentations at two national meetings regarding this program and had one publication in the Journal of Child and Family Studies. Dr. Lemmon is a co-investigator on two grants related to fitness in children and has four others under review, some of which extend these projects into adolescence. He has peer reviewed publications in Obesity (2), Teaching and Learning in Medicine, and Ethnicity and Disease as well as two new chapters in press. Dr. Londino continues to work to develop a research portfolio with four active projects, resulting thus far in one manuscript and two chapters ready for submission for publication. She also presented research posters at the APA Institute on Psychiatric Services, the annual meeting of the American Academy of Child and Adolescent Psychiatry and the Society of Biological Psychiatry. Dr. Mabe has made five presentations at national meetings this year, including two at the annual meeting of the American Psychological Association. He has two publications with another in press.

Dr. Sexson has 14 regional and national presentations and two peer reviewed publications, another in press and three others in the process of review. Her book, Blackwell's Access Series Child and Adolescent Psychiatry was published in PDA format by *Skyscape*.

Psychology Residency Program

The MCG-VAMC Psychology Residency Consortium operates under the broader institutional missions of the Medical College of Georgia and the VAMC of Augusta to provide outstanding educational programs for health professionals, biomedical scientists, and educators at the undergraduate, graduate, and postgraduate levels. In addition to excellence in training, this program continues to enjoy the national prominence of being 1 of 20 Psychology Programs that are federally funded - an outstanding achievement and testimony to the quality of training and faculty at MCG. Since the inception of the HRSA/BHPr Graduate Psychology Education program the MCG—VAMC Psychology Residency Consortium has been one of only ten psychology residency/internship programs to receive the competitive grant award for each of the GPE grant funding cycles. In order for psychology residents to complete the 12-month residency, the following commitments must be met:

1. Completion of 2080 hours of training. Georgia requires 2000 hours of residency training and the VA requires 2080 hours of residency training. Our program routinely provides 2100 or more. Required rotations are expected to be completed with no more than one week of vacation and one week of sick time per three months. If a resident misses more than two weeks of a 4-month rotation block, the amount of time must be made up. The residency on-site activities will be a minimum of 48 weeks.
2. A minimum of 800 hours of direct clinical services. Direct clinical services include all patient-specific clinical activities which encompasses individual, family and group psychotherapy, consultations, psychological assessments (including test report writing) and therapy/assessment documentation.

The MCG-VAMC Consortium supports the foundational value of the scientist-practitioner model of training for the professional psychologist. To address the limitations of the traditional implementation of the scientist-practitioner model at the residency site, we aspire to a training model that we will identify as The Empirical Clinical model of training. The Empirical Clinician Model of Training attempts to instill in residents the attitude of empiricism as they develop their skills in gathering and integrating data from the four key Data Domains of research data, idiographic patient data, idiographic clinician data, and nomothetic and idiographic cultural data. The psychology internship has the following goals.

Goal I: Preparing professional psychologists to support quality primary care in integrated approaches to health care issues.

Objective 1: To develop in psychology residents general proficiency in clinical assessment and intervention.

Sub-Objective 1: To train residents in a broad range of empirically supported assessment strategies.

Sub-Objective 2: To train residents to become proficient in the implementation of a broad range of interventions, with an emphasis on empirically supported treatments.

Sub-Objective 3: To train residents to become proficient in the implementation of interventions with a broad range of patient populations.

Objective 2: To develop in psychology residents specific proficiencies in providing clinical assessment and treatment in integrated approaches to health care issues.

Sub-Objective 1: To train residents to apply clinical assessment and treatment strategies in medical settings.

Sub-Objective 2: To train psychology residents to function effectively in interdisciplinary teams.

Sub-Objective 3: To train residents in consultation assessment strategies in medical contexts.

Goal II: Preparing professional psychologists who have experience with and interest in serving in mental health and medically underserved areas.

Objective 1: To provide psychology residents with practicum experience involving patients from mental health and medically underserved areas.

Objective 2: To provide psychology residents with educational/didactic experiences involving consumers and providers from mental health and medically underserved areas.

Goal III: Preparing professional psychologists that stay abreast of evidence-based practices. (Develop the Attitudes of Empiricism and Reflection in Clinical Practice)

Objective 1: To train residents to systematically gather and integrate research data, idiographic patient data, idiographic clinician data, and nomothetic and idiographic cultural data for the purpose of clinical assessment and treatment.

Objective 2: To train residents to routinize reflective processes in their clinical practice. These reflective processes include the critical thinking inherent in scientific experimentation, habits of reflection outside of direct clinical practice, and the capacity to reflect while in action.

Objective 3: To continue the development of resident research skills and thinking through the ongoing participation in a research-scholarship project.

Goal IV: Preparing professional psychologists who aspire to cultural competence in their practice.

Objective 1: To train residents to be culturally competent.

Goal V: Cultivating of a professional identity in professional psychologists.

Objective 1: To train residents to maintain an awareness of the ethical standards of the profession of psychology.

Objective 2: To train residents to constructively participate in the ongoing professional development of themselves and their colleagues.

The organization of the consortium is based on the required rotations of General Practice (MCG and VAMC sites) and Medical Psychology and the selection of a specialty track one of the following areas: (1) Child and Family Psychology; (2) Health Behavior; (3) Medical Psychology – With Specialization in HIV/AIDS; and (4) Psychology of Women. Due to the size of our resident classes, it is not possible to sequence these rotations in the same manner for all residents. Nevertheless, within each rotation and track experience materials and experiences are generally graded from basic to more complex. The required seminars also build the residents' knowledge base and skills in a sequential and cumulative manner. The core training experience, however, comes from the individual supervision of clinical activities. Therefore, by the nature of this individual specific experience, the sequence and cumulative nature of this training is derived less from the consortium curriculum and more so by the pacing of the one-to-one learning experience. The accessibility and quality of this supervision has been consistently demonstrated as high. For the past five years, supervision hours per resident per week have averaged 5 hours for seminar supervision and 5.1 hours for rotational/track activity supervision. Individual faculty evaluations by the residents for the past 5 years have rated the faculty very positively on accessibility (34% "Superior", 42% "Excellent", 18% "Good"). As emphasized in our training model, faculty were rated very positively on their empirical approach to assessment and treatment (36% "Superior", 44% "Excellent", 21% "Good"). More generally psychology residents rated faculty very positively in

regard to modeling professionalism and expertise in clinical skills (37% “Superior”, 54% “Excellent”, 9% “Good.”). Finally, faculty were consistently rated in a positive manner in regard to items pertaining to supervisory activities that would promote resident development (e.g., responds to educational needs at an appropriate developmental level, identifies and negotiates educational goals and objectives, assists in meeting these goals and objectives, and provides constructive feedback, and routinely provides evaluation of your efforts and progress.)

While the Department of Psychiatry and Health Behavior at MCG also offers training in general and child psychiatry residency training, these programs significantly differ in regard to seminars, curriculum materials and rotational assignments required. Through the departmental Educational Advisory Committee, however, efforts are made to adopt a similar educational philosophy that emphasizes empiricism and reflection.

Recruitment efforts have been highly successful in regard to the quality and diversity of psychology students attracted to the psychology residency. In the past 7 years including the class of 2008, our residency program has had the opportunity of recruiting 39 graduate students representing 28 different accredited clinical and counseling psychology graduate programs from across the nation. In the past 7 resident classes recruited including the Class of 2008, nine residents (23.1%) could be classified as representing an ethnic minority (above the 17 percent current minority enrollment in all psychology graduate programs in the United States as reported by the APA as reported by the National Center for Education Statistics).

Psychology residents have been highly productive and successful during their training year. For the past 7 classes, all residents entering the MCG-VAMC Consortium have successfully completed the program. In regard to the specific goals/objectives of the program, based on the supervising faculty ratings all residents have met the training goals/objectives of the program by the completion of the training year based on the MCG-VAMC Clinical Psychology Consortium Residency Education Outcome Tracking Form. Cumulative Therapy Log data for the past five years have indicated that Residents have achieved or exceeded their primary therapy goals in 86% (N=2,030) of their therapy cases. Data for the past 4 years indicated that all of the Residents successfully participated in Outreach Educational and Prevention Teams designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the East Central Region of the Georgia’s MHMRSA system. During the past four years, residents along with faculty mentors presented 38 Outreach workshops for consumers and/or providers in 8 different counties in the East Central region of the Georgia’s MHMRSA system. During their residency training, the last 4 classes produced 18 scientific publications, submitted an additional 13 papers for publication, and presented 25 papers at national/regional meetings.

Post-Residency Graduation and Employment Outcome data for the classes of 2002 through 2007 provide solid evidence of the overall success of this psychology residency program:

- ◆ In the past 6 resident classes, post-graduate success has been consistently high with 100% having graduated from their respective Doctoral Programs and 97% graduating within six months of completing their residency.
- ◆ For the past 6 resident classes, eighty-seven percent of all our graduates and 100 percent of the graduates seeking postdoctoral fellowships obtained postdoctoral fellowships in their desired area of study upon completion of our program.
- ◆ For the past 6 resident classes, 100% were employed within six months of completing their residency. Consistent with the broad goals of our “Empirical Clinician” model the positions currently held by our graduates are diverse with 23% holding postdoctoral fellowship positions (three in academic medical centers, one in the VA system, one private rehabilitation hospital, one in an eating disorder clinic, and one in private practice), 23% holding staff positions in VA medical centers, 19% private practice, 13% holding academic positions in medical schools, 7% holding staff positions in private medical centers, 3% holding positions in university counseling centers, 3% holding research scientist positions, and 3% in juvenile justice.
- ◆ The MCG-VAMC consortium has an enduring track record of producing psychologists who pursue careers that are directed toward integrated approaches to health care issues. Including data from the last 6 graduating classes, 81 percent are now actively engaged in the fields of medical/health psychology relevant to adult and/or child interdisciplinary health care settings.

In 2002 the MCG-VAMC Psychology Residency Consortium gained national recognition for being one of 13 psychology residencies/internships to receive the first competitive grant awards from the Graduate Psychology Education (GPE) program of the U.S. Department of Health Resources and Service Administration (HRSA)/Bureaus of Health Professionals (BHPPr). To put this award in perspective, there are over 900 psychology internship/residencies in the country. In 2004 the consortium was one of twenty Graduate Psychology programs nationally to be awarded an educational grant through HRSA/BHPPr with funding recommended for three years. Since the inception of the HRSA/BHPPr Graduate Psychology Education program the MCG—VAMC Psychology Residency Consortium has been one of only ten psychology residency/internship programs to receive the competitive grant award for each of the GPE grant funding cycles. A third grant application for the Graduate

Psychology Education program has been submitted and outcome of this review is expected on August of 2007.

Proposed Curriculum Changes For 2007-2008

In the coming academic year, the psychology residency has redesigned its curriculum to establish the following rotation/track design:

1. The 12-month training year is divided into three four-month rotations, each designed to expose residents to a wide variety of patients with all types of diagnoses at varying levels of acuity and to provide specialty training in an area of interest to the resident. Also, throughout the year one day of the week is set aside for specialty track training, enabling a continuity of training experiences in the area of the resident's specialty interest. There are two rotations required of all residents: (1) The General Practice Rotation – located primarily at the Uptown VA, and (2) the Medical Psychology General Practice Rotation – located at the Downtown VA and MCG sites.
2. Track rotations and weekly track days (Wednesdays) are devoted to specialty training. This allows residents to accumulate a specific expertise that is often quite marketable upon graduation. Residents select one specialty training track in which the training will occur during a 4- month rotation and each Wednesday of the week (for the entire year). Note that when applying via APPIC, residents will see and select from four track choices:
 - 1) Health Behavior Track
 - 2) Child and Family Track
 - 3) Medical Psychology HIV/AIDS Track
 - 4) Psychology of Women Track

In the coming academic year, the MCG-VAMC Consortium Psychology Residency intends to partner with Project GREAT (Georgia Recovery-Based Educational Approach to Treatment) to immerse psychology and psychiatry faculty and residents in the recovery model of mental health care and to assist Project GREAT in the dissemination of these recovery knowledge, skills, and attitudes throughout the community mental clinics in Georgia's MHDDAD Region 2. To achieve this goal:

1. Project GREAT and its staff will provide recovery training to the faculty and residents of the Department of Psychiatry and Health Behavior.
2. Outreach educational and prevention teams (consisting of one faculty member, one psychiatry resident, one psychology resident, the Health/Rehabilitative Psychology Postdoctoral Fellow, and the Peer

Support Specialist) will be assigned to community mental health centers in Georgia's MHDDAD Region 2. The Outreach Educational and Prevention teams will provide workshops to their assigned community mental centers on the recovery model and will engage in follow-up supervisory meetings with the community mental health staff to develop their recovery knowledge, skills, and attitudes.

Medical Student Education

Medical student education remains a vital function of the department. The department was delighted and pleased that twelve 2007 MCG graduates opted for psychiatric careers. Two of these twelve elected to remain for their training at the Medical College of Georgia, where 4 of the 18 psychiatric trainees in the 2007-2008 academic year will be graduates of MCG.

The department is also pleased with the recognition of Psychiatry's contribution to medical student education. Dr. Jo Albritton has been named as Medical Director of the Clinical Skills Program in the School of Medicine. This is a notable leadership role in undergraduate medical education, and the school's recognition of Dr. Albritton's appointment to this position is a significant achievement for the Department. In addition, Dr. Albritton continues in her role as psychiatry clerkship director. She has also taken the leadership role, and very capably so, in preparing the department for the upcoming LCME survey in February 2008.

Dr. Adriana Foster has recently been designated as a core educator for the coming year. In addition, Dr. Shevitz continues as a communication lab, and ECM 1 and 2 small group leader. Dr. House and Dr. Lemmon lead ECM small groups. Dr. Lewkowiez and Dr. Peeples are involved in the ECM 1 Communication Lab, and most notable, Dr. Erick Messias has recently been designated as a core educator, coordinator of the ECM 1 course for the Phase 1 students, and principal lecturer for the Statistics and Public Health pieces of the ECM 1 curriculum.

The department has committed significant new resources to medical student education with the appointment of Dr. Adriana Foster as Associate Director of Medical Student Education. Dr. Albritton continues as clerkship director, and Dr. Londino as Co-Director of the Phase 1 Brain and Behavior module. Dr. Foster will focus her efforts on the development of the medical student psychiatry interest group, enhanced research and elective offerings for students, and the involvement of junior clerks in outpatient psychiatry experiences. Dr. Foster's role in this arena should greatly facilitate medical student interest in Psychiatry. The department has also supported Emily Burnham, a rising Phase III student, in her attendance at the PsychSign meeting of students from around the country working to develop psychiatry interest groups at their institution. This meeting was held at the national American Psychiatric Association Meeting in San Diego this past May. Active planning is underway for the interest group this coming year, spearheaded by Dr. Foster.

Dr. Albritton continues to ably guide the psychiatry clerkship. As noted, she has been very active in preparing the department for the upcoming LCME visit. Revision of the current goals and objectives of the clerkship, and placing these in a competency based format have been significant areas of endeavor. Student rotation sites in addition to MCG and the VA now include East Central Regional,

Southwestern Hospital in Thomasville, Laurelwood Hospital in Gainesville, the state hospital in Rome, GA, Satilla Regional Medical Center in Waycross, and Central State Hospital in Milledgeville. A site in Brunswick has become operational but was closed when the preceptor there relocated out of the area. It is hoped to be able to reopen the Brunswick site by the next academic year. Site evaluation and recruitment is a continual area of activity.

LCME requirements stipulate that educational offerings be equal for students on and off campus. As a consequence all clerkship lectures have now been placed on videotape and are updated as needed. These can then be offered through WebCT to students wherever they may be taking the clerkship.

Dr. Londino's continued excellence as co-director of the Phase I Brain and Behavior Course is also quite noteworthy. This offering is very well received by the students and serves as an excellent introduction to the field. This year, for the first time, Psychiatry was also invited to participate by Pharmacology in a clinical small group presentation for the Phase II class on schizophrenia and the use of antipsychotic medications. At least 6 psychiatry faculty participated in these sessions, and the hope is that more such opportunities will be made available in the coming years.

It should also be noted that a monthly meeting of those faculty interested in and involved in medical student education has been established. This is the departmental Medical Student Advisory Group and consists of Dr. Shevitz, Dr. Albritton, Dr. Foster, Dr. Messias, Dr. Sexson, the Chief Resident, and student representatives from various years. This group will take an increasingly important role as an avenue to promote and expand medical student educational efforts by the department in the coming year.

Educational Overview- Summary

The 2007-2008 academic year gives us much to look forward as we build upon the accomplishments of this past academic year. Included in this would be the following:

For medical education, the upcoming LCME visit in early 2008 will be a major area of emphasis and focus. In addition it is expected that Dr. Foster's activities as Associate Director of Medical Education will begin to develop as she fleshes out the medical student offerings in a number of areas. Enhancing the activities of the Psychiatry Interest Group will be one such area of emphasis. An appraisal of the quality of the clerkship in the context of feedback received from the students this past year will be one area of increased activity.

The General Residency program will begin its preparation for its anticipated site visit in April of 2009. Further work with the competencies and the further development of a trainee's portfolio will be part of this. It will be time for the residency's next internal review by the GMEC in October of 2007. Enhancing the quality of resident presentations and encouraging them to participate more actively in scholarly activities will also be a focus for the coming year.

The Psychology Residency is implanting in the coming year a revised curriculum following a rotation/track design. Tracks in Health Behavior, Child and Family, Medical Psychology HIV/AIDS, and Psychology of Women have been established. In addition, the residency will continue its work with Project GREAT to provide recovery training to our own trainees as well as to community mental health centers in the area.

The Child and Adolescent Program's educational goals for the coming year include setting up supervisory training clinics to optimize supervision and enhance reimbursement. General residents will begin spending a portion of their outpatient year in child psychiatry. Continued emphasis on enhanced recruitment and the possibility of recruiting general residents into a five year adult/child track will be explored.

Southeast Schizophrenia Conference

The department will also host a major new conference. The first Southeast Schizophrenia Conference will be held in the fall of 2007. To organize the conference, the department is working with the Carter Center in Atlanta, the Georgia and South Carolina chapters of the National Alliance on Mental Illness, the Mental Health Association in Georgia, the Georgia Mental Health Consumer Network, and the state mental health agencies for Georgia and South Carolina. The conference is aimed to provide continuing education for area professionals, as well as provide information on the illness to consumers and family members. A distinguished group of speakers from around the country will present.

Research

In the last year, research in the department has shown important progress; these developments include residents as well as faculty. Research is being conducted on a wide range of topics, including eating behaviors and eating disorders, family interventions in juvenile offenders, affective disorders, attention deficit/hyperactivity disorder, other developmental disorders, the treatment of psychiatric disorders in primary care settings, and psychosis. A variety of methods is employed, including treatment trials, magnetic resonance spectroscopy, population-based epidemiology studies of the causes of diseases, quantitative EEG, and cutting-edge pharmacogenomic “gene chip” methods.

Faculty research activity has increased significantly in the last year, with an increased number of grant applications to national funding agencies and increased productivity in terms of publications and presentations. As a consequence, the department’s research funding has continued to increase. Faculty members brought in \$434,543 in total Federal research funding, \$4,310,588 from the pharmaceutical industry, and \$890,841 from other research efforts; total research funding from all sources was \$5,201,429. The department has also greatly increased the number of federal and foundation grant applications submitted and has two RO1 grants from the National Institutes of Health.

The department is fast becoming a site with a national reputation for treatment trials in psychotic disorders. Dr. Buckley was a site principal investigator for the multi-center CAFÉ study of the treatment of first-episode patients with psychosis. The department will also be a site for the CAMP study, which is a major federal grant as a follow-up to the landmark CATIE trial of antipsychotics. Dr. Kirkpatrick continues a federal grant examining diabetes in schizophrenia. Drs. Buckley, Foster, and Sebastian continue a federal grant on relapse prevention in schizophrenia. Edna Stirewalt, Research Associate, has also played a lead role in this work. Federal funding for a study of brain neurotrophin factors is likely to be obtained this year. This last study is a translational project that grew out of the department’s clinical studies and preclinical research, and will involve multiple clinical and preclinical faculty members in the department. The department has also been selected to be a site for an NIH-sponsored consortium for treatment studies of patients with psychosis and substance abuse.

Department faculty members continue to provide national and international leadership in research in other ways as well. Dr. Buckley is the chair of the National Institute of Mental Health’s study section on schizophrenia, which focuses on treatment research on chronic mental illness. Dr. Buckley also chairs the subcommittee of a NIMH Data and Safety Monitoring Board. Dr. Brian Kirkpatrick is leading the development of a new rating scale for negative symptoms, which are key impairments found in schizophrenia. This effort is sponsored by the National Institute of Mental Health, and once completed, the scale will probably be used by scientists and pharmaceutical companies in clinical trials around the world.

One of the Dean's central initiatives is the development of an MCG Brain Discovery Institute (BDI), and the department is heavily involved in this effort. The development of this research institute is being guided by Dr. Buckley and the directors of the Department of Neurology and of the Institute for Molecular Medicine and Genetics (IMMAG). One of the four programs in the BDI will focus on cognition and behavior. Dr. Kirkpatrick is leading the development of this program.

Our involvement with the BDI will strengthen our collaborations with basic scientists throughout MCG, and offer new opportunities for translational clinical research. We already have strong relationships with basic scientists outside of the department. Drs. Alvin Terry (Pharmacology) and Paul Kruzich (Physiology) have collaborative projects with members of the department, and are frequently involved in discussions with us, ranging from friendly critiques of grant applications to plans for mentoring junior faculty in the department. Joint appointments for these colleagues underestimate the extent to which they are involved in the scientific life of our department.

The department has also raised its visibility with visit by national figures in psychiatric research. This year Dr. Herbert Meltzer, one of the world's premiere figures in the psychopharmacology of psychotic disorders, visited the department. Dr. Meltzer spent a day presenting Grand rounds and consulting on the development of the department's research folio, and discussing the development of the BDI cognition/behavior program. This visit has already led to a collaboration between Dr. Meltzer and the department's Anil Pillai, Ph.D. Other prominent figures are also scheduled to visit.

The department's research success is reflected in our leadership at the International Congress of Schizophrenia Research. The International congress, which is held every two years, is the world's leading meeting in the field of schizophrenia research. Dr. Buckley organized a well-received satellite meeting for family members of people with schizophrenia at the Congress. He also served as a member of the international advisory board for the Congress. Dr. Kirkpatrick served as a mentor for the young investigators' award program. Several faculties gave presentations of their work. Impressively, Dr. Brian Miller, as a PGY2 resident, gave several presentations at this major international conference.

MCG is pursuing a federally funded Clinical and Translational Science Awards (CTSA). These awards, which are a major initiative of the National Institutes of Health, provide funding for research infrastructure for campus-wide use. MCG will apply for a CTSA in a consortium with the University of South Carolina and the Medical University of South Carolina. As part of this effort, the department has come into more contact with the Psychiatry departments at the two other schools, and these relationships are likely to strengthen over time. The director of the CTSA will be Dr. Kathleen Brady, a psychiatrist at MUSC.

The department has also developed a number of other local, national and international collaborations. Active collaborations are being conducted nationally, as well as in Spain, Italy, and Finland.

The new educational efforts in the psychiatry residency on how to be an intelligent consumer of research results are covered elsewhere. The residency's required academic project is an important introduction to the practicalities of research. Psychiatry residents are also taking advantage of research opportunities in the department (see the publication and presentation lists). For instance, Dr. Brian Miller will shortly submit two articles to international journals based on research he has conducted in the first half of his residency, while Dr. Daniel Bahmiller presented at the national psychiatric services meeting. Dr. Miller will also take a year out the residency to pursue fulltime research on psychotic disorders. His projects will include collaboration with an internationally recognized Scandinavian research group.

The department has emphasized translational research—human studies based directly on laboratory findings, and has a growing number of translational projects. These include:

- Neurotrophins, schizophrenia, and antipsychotic response
 - Clinical: Dr. Buckley
 - Laboratory: Drs. Mahadik, Pillai, and Terry
- Eating behavior in children and adolescents
 - Clinical: Dr. Lemmon
 - Laboratory: Dr. Barbeau
- Pharmacogenetics of depression
 - Clinical: Dr. Foster
 - Laboratory: Pathology faculty, industry
- Treatment of depression
 - Clinical: Dr. Rausch
 - Laboratory: Dr. Ganapathy
- Genetics of apathy in schizophrenia
 - Clinical: Dr. Kirkpatrick
 - Laboratory: Drs. Dong, Wang, and Podolsky
- Stem cells and schizophrenia
 - Clinical: Dr. Kirkpatrick
 - Laboratory: Dr. Ratajczak
- The telomere and schizophrenia
 - Clinical: Dr. Kirkpatrick
 - Laboratory: Dr. Stöppler
- Paternal age and development in the offspring
 - Clinical: Dr. Kirkpatrick
 - Laboratory: Dr. Kruzich

The department's growing research portfolio not only improves the quality of education and clinical care, they also make the department more attractive for philanthropic support.

Presentations

Department faculty members and trainees presented at a number of regional, national, and international meetings.

Christian Lemmon gave two presentations at the 37th Annual Internal Medicine - Recent Advances Conference Continuing Education Series for the Medical College of Georgia at the Kiawah Island Resort, Kiawah Island, SC. They were "An Update on Comprehensive Obesity Therapy" and "Multidisciplinary Evaluation and Treatment of Eating Disorders."

Drs. Gowans and Sebastian presented "A Resident Forum on the Use of Second Generation Antipsychotics in Bipolar Disorder: Does Clinical Practice Reflect Clinical Research?" at the 58th Institute on Psychiatric Services in New York.

Christian Lemmon co-authored a poster, "MCG Exercise Project: Depression predicts change in insulin resistance (IR) after controlling for the effects of a physical activity (PA) intervention in young black girls" with his colleagues from the Georgia Prevention Institute at the American Diabetes Association 66th Scientific Sessions in Washington, DC.

Dr. Donna Londino presented "Magnetic Spectroscopy in Asperger's syndrome pre and post risperidone treatment" to the American Academy of Child and Adolescent Psychiatry held in San Diego this October.

Drs. Mabe, Gillies, Shevitz, O'Brien presented "Interdisciplinary Health care Practices of Psychology Faculty and Trainees" on August 13 to the 114th Annual Meeting of the American Psychological Association, New Orleans, LA.

Dr. Sandra Sexson was one of the keynote speakers for the MCG Pediatric Update on Kiawah Island.

Drs. Floyd and Mabe presented "CARE Program: Systematic evaluation of an outpatient youth crisis intervention" to the 114th Annual Meeting of the American Psychological Association, New Orleans, LA.

Lara Stepleman, Ph.D. and Sarah Shelton, Psy.D. gave two presentations at the 22nd Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) in Madrid, Spain:

Stepleman, Lara M., Lester, Kristin, Hughes, Mary D. "Predicting depression and anxiety in a multiple sclerosis clinic population: The contributions of illness severity, illness management, and perceived cognitive impairment"

Stepleman, Lara M., Shelton, Sarah F., Hughes, Mary D. "Overcoming mental health care barriers for individuals with multiple sclerosis: innovations in psychological consultation"

Dr. Kirkpatrick gave a presentation called, "Negative Symptoms: An Obstacle to Recovery," at the 20th Annual Arthur P. Noyes Schizophrenia Conference in Philadelphia.

Dr. Londino participated in the University of South Carolina Fourth Annual Day Long CME: "A Psychiatric Update", Columbia, South Carolina with a presentation on "Depression in Adolescents and Children".

Dr. Londino presented "Magnetic Spectroscopy in Asperger's Syndrome pre and post Risperidone Treatment" at the 2006 American Academy of Child and Adolescent Psychiatry Meeting in San Diego, California.

Dr. Lemmon gave two presentations, "Comprehensive Obesity Treatment" and "Multidisciplinary Evaluation and Treatment of Eating Disorders", at the 13th Annual Primary Care Issues in Endocrine, Renal and Metabolic Diseases Conference Continuing Education Series for the Medical College of Georgia.

Dr. Lemmon presented three continuing education lectures: "Utilizing Motivational Interviewing and Stages of Change in the Treatment of Eating Disorders," "Family Therapy in the Treatment of Eating Disorders," and "Medical Complications of Eating Disorders: Importance of Medical Monitoring" and provided case consultations to the staff at New Dawn Eating Disorders Recovery Center in Sausalito, CA.

Dr. Londino gave a presentation entitled, "Autism, Asperger's, and Schizophrenia: Common Endophenotypic and Genetic Characteristics of Negative Symptom Spectrum Disorders" at the 2006 Institute on Psychiatric Services in New York.

Dr. Davidson was invited as a featured speaker for The National Youth at Risk Conference to address Multiple Family Group Interventions as a diversion for probation and deterrent to re-offense.

Dr. Sexson was chair and made one of the presentations at the Maintenance of Certification Institute at the American Academy of Child and Adolescent Psychiatry.

Dr. Londino presented Grand Rounds entitled "Considerations in the Management of First Break Psychosis" at the University of South Carolina in Columbia.

Christina Vlahou, MA gave paper presentation at the annual meeting of the Society of Behavioral Medicine in Washington DC: Predictors of treatment adherence in children with IBD: The role of body satisfaction and prospective memory in medication and diet behavior."

Karen Petty, MA presented at the 28th annual Society of Behavioral Medicine Conference in Washington DC, "Exercise Program improves self-worth among overweight White, but not Black children."

Dr. Brian Kirkpatrick gave a presentation on the treatment of apathy in schizophrenia at the First International Symposium on the Development of Therapeutics in Psychiatry in Barcelona, Spain.

Dr. Donna Londino had a poster accepted for poster presentation at the International Congress on Schizophrenia Research on March 28 in Colorado Springs, CO.

Dr. Alex Mabe presented a Workshop titled "Constructing Clinical Reasoning Skills Using a Problem-Based Learning Prototype" at the 6th Annual Association of Psychology Postdoctoral and Internship Centers Membership Conference in San Diego, CA.

Dr. Sandra Sexson chaired the program for two national meetings in April, the American Academy of Child and Adolescent Psychiatry's Mid-Year Institute (Maintenance of Certification) and the Society of Professors of Child and Adolescent Psychiatry's annual meeting.

Department faculty members were very active at the International Congress on Schizophrenia Research in Colorado Springs, CO:

Dr. Peter Buckley chaired a symposium for consumers and relatives.

Alvin Terry, Ph.D., presented, "Time Dependent Decreases in Central Alpha 7 Nicotinic-Acetylcholine Receptors Associated With Haloperidol and Risperidone Treatment in Rat.

Anilkumar Pillai, Ph.D., presented, "Do Neurotrophins Have Neurotrophic Potential in Schizophrenia?: Erythropoietin Prevents Haloperidol Toxicity Through Increased Expression of BDNF."

Sahebarao Mahadik, Ph.D., presented, "Vascular Endothelial Growth Factor Mediates Neuroprotective Effects of Antipsychotic Treatment in Cortical Neuronal Culture."

Peter F. Buckley, M.D., presented "TMAP And Treatment-Refractory Schizophrenia: So When Should I Try Clozapine?" and "Studies of Brain-Derived Neurotrophic Factor in First Episode Schizophrenia."

Donna Londino, M.D., presented, "An Analysis of Common Endophenotypic and Genetic Characteristics of Negative Symptoms Spectrum Disorder: Autism, Asperger's Disorder, And Schizophrenia: A Proposed Model For

Genetic Investigation For Linking Candidate Gene Polymorphisms To Common Endophenotypes Across Different Disorders.

Erick Messias, M.D. presented, "Schizoid-Like Features and Season of Birth In A Nonpatient Sample."

Brian Miller, M.D., presented, "Paternal Age and Mortality In The Northern Finland 1966 Birth Cohort."

Brian Kirkpatrick, M.D., presented, "Concordance Of The Deficit/Nondeficit Categorization In Affected Siblings."

Dustin Wright and Lara Stepleman presented the workshop: "Spring Fever: MS, Sex, and Intimacy" at the Marriott for the Augusta MS center.

Dr. Sandra Sexson chaired an RRC Committee that has launched a new portal for entry into training in Child and Adolescent Psychiatry, the Post-Pediatrics Portal Project, which invites psychiatry and child and adolescent psychiatry training programs to apply for pilot programs that would train persons who have completed pediatric training to participate in abbreviated training in psychiatry and child and adolescent psychiatry, a three year integrated track.

Dr. Eric Lewkowiez participated in a discussion at the NAMI of Augusta meeting entitled, "Is Summer Time for a Med Vacation? Honest Talk about Kids and Adults Going On and Off Psychiatric Medication" on May 3rd.

Dr. Sandra Sexson spoke on the topic of ADHD at the 42nd Annual Primary Care and Family Medicine Symposium at MCG.

Publications

House A. S., Gillies, RA, London JP Jr. Trauma and women's health: From a psychobiological perspective. MedEdPORTAL; 2006. Available from: <http://www.aamc.org/mededportal>, ID = 481.

House, A. S., & Stepleman, L. M. (2006). From the ground up: Building a psychology of women internship track. *Professional Psychology: Research & Practice*, 37(4), 423-429.

Erick Messias, M.D., M.P.H., PhD, Bienvenu, JO, Samuels, J, Nestadt, G, Eaton, W: Psychiatrists' ascertained treatment needs for Mental Disorders in a population-based sample. *Psychiatric Services* 2007 Mar 58 (3): 373-377

Messias E, Mourao C, Maia JS, Campos JPQM, Ribeiro KG, Ribeiro LA, Kirkpatrick B. Season of birth and schizophrenia in Northeast Brazil: relationship to rainfall. *J Nerv Ment Dis* 2006, in press.

Fernandes CR, Souza Filho LM, Gomes JMA, Messias E, Escalente RD: Consequences of the Addition of Nitrous Oxide to Anesthesia during Pneumoperitoneum in Videolaparoscopic Surgeries. *Rev Bras Anest*; 57 (1) 2006

Drs. Pillai and Mahadik had an article accepted to the *Journal of Neurochemistry* entitled "Differential effects of haloperidol and olanzapine on the expression of erythropoietin and its receptor in rat hippocampus and striatum."

Drs. Pillai and Mahadik had an article accepted to *Schizophrenia Research* entitled "Differential effects of haloperidol and olanzapine on levels of vascular endothelial growth factor and angiogenesis in rat hippocampus."

Drs. Shelton and Stepleman had the following book chapter accepted for publication this month: "Spiritual Coping Strategies of Individuals Dually Diagnosed with HIV and Mental Illness". *Psychology and Religion: New Research*, Volume 2.

Dr. Brian Miller was the first author on a poster "Mortality and Medical Co-Morbidity in Patients with Serious Mental Illness: Part II" that was presented in October at the 58th Institute on Psychiatric Services in NY, NY.

Dr. Christian Lemmon had a paper accepted for publication in Obesity: C.R. Lemmon, D.A. Ludwig, C. Howe, A. Smith-Ferguson, P. Barbeau. (In press). "Correlates of Adherence to a Physical Activity Program in Young African-American Girls."

Dr. Brian Kirkpatrick recently had two articles published:

Wonodi I, Mitchell BD, Stine OC, Hong LE, Elliott A, Kirkpatrick B, Carpenter WT Jr, Thaker GK, Buchanan RW. Lack of association between COMT gene and deficit/nondeficit schizophrenia. *Behav Brain Funct*. 2006 Dec 15;2(1):42
Kirkpatrick B, Hack GD, Higginbottom E, Hoffacker D, Fernandez-Egea E. Palate and dentition in schizophrenia. *Schizophrenia Research*, in press.

Dr. Sandra Sexson's book, Child and Adolescent Psychiatry, 2nd edition, was recently published in PDA format, apparently the first child and adolescent psychiatry book to be available in this format.

Dr. Bernard Davidson had an article that he co-authored accepted for publication: Christopher Les Caldwell, Arthur M. Horne, Bernard Davidson, William H. Quinn. Effectiveness of a Multiple Family Group Intervention for Juvenile First Offenders in Reducing Parent Stress. Journal of Child and Family Issues.

Christian Lemmon had a paper that he co-authored with his colleagues in the Georgia Prevention institute accepted for publication: Barbeau, P., Johnson, M.H., Howe, C.A., Allison, J., Davis, C.L., Gutin, B., & Lemmon, C.R. (in press).

MCG Exercise Project: Changes in body composition, visceral adiposity, and fitness in young black girls. Obesity.

Dr. Lara Stepleman, Dr. Kristin Lester (former Psychology Resident), and Dr. Mary Hughes (Neurology) have had their paper "The Association of Illness Severity, Self-Reported Cognitive Impairment, and Perceived Illness Management with Depression and Anxiety in a Multiple Sclerosis Clinic Population" accepted for publication in the Journal of Behavioral Medicine.

Buckley PF, Wirshing DA, Pierre J, Bushan P, Resnick S, Wirshing WC. Lack of insight and treatment adherence in schizophrenia. *CNS Drugs* 2007; 21: 129-141.

Buckley PF. Olanzapine: a critical review of recent literature. *Expert Opinion in Pharmacotherapy* 2005; 6: 2077-2089.

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Honors

Mark Hessenthaler was the resident representative to the Board of the Georgia Council on Child and Adolescent Psychiatry.

Donna Londino was appointed to the ABPN Child and Adolescent Psychiatry Written Exam Committee.

Sandra Sexson was elected to the Nominating Committee of AACAP.

Shabeer Abubucker was selected to attend the Chief Resident's Leadership Training Workshop at the Psychiatric Services Meeting in NYC the first week in October.

Ben Carr represented the Department at the annual Psychiatric Conference sponsored by Emory University in Palm Beach, Florida.

Dr. Messias was invited to participate as a schizophrenia expert in reviewing content for an up-coming web-site for patients and families published by the British Medical Journal Group.

Dr. Sandra Sexson was chosen by the Assembly of Regional Organizations of Child and Adolescent Psychiatry to receive the 2006 Catcher in the Rye Award, which recognizes outstanding leadership in child and adolescent psychiatry.

Dr. Donna Londino was named an AACAP Harvard/Macy Teaching Scholar, which involves participation in the Harvard- Macy Institute's Program for Educators in the Health Professions.

Dr. Sandra Sexson was named to the Board of Regents of the American College of Psychiatrists.

Dr. Sexson served on the CAP Steering Committee of the ABPN and Team Leader for an Adolescent ABPN Child and Adolescent Psychiatry Exam in Seattle November 16-20.

Dr. Londino served as an adolescent examiner for the CAP ABPN exams November 17-19.

Dr. Mark Hessenthaler received an AACAP Monitor grant to support his attendance at the American Academy of Child and Adolescent Psychiatry in San Diego.

Dr. Londino was appointed to the Dean's Research Committee for a three year term.

Dr. Amanda Gowans was named s CHILD PRITE Fellow by The American College of Psychiatrists. This Fellowship includes a position on both the PRITE and the CHILD PRITE Editorial Board and guest attendance at the annual meeting of The American College of Psychiatrists.

Dr. Lara Stepleman was given the Annual Red Rose Award by the Augusta chapter of the American Women's Medical Association for her teaching contributions on issues relevant to women and medicine.

Dr. Sandra Sexson was selected for inclusion in "America's Top Doctors," a national patient reference guide published by Castle Connolly Medical Ltd. The book, which identifies the top 1 percent of physicians in the nation, helps patients find the top specialists in any given medical field.

Sarah Shelton and Lara Stepleman were awarded a \$25,000 Quality of Life Grant from the MS Foundation to assist the MS Psychological Services Program at MCG's Augusta MS Center.

Dr. Peter Buckley was named President of the American Association of Chairs of Departments of Psychiatry.

MCG residents captured all 3 Skobba research awards offered by the GPPA to be awarded at their winter meeting the end of February. Dr. Brian Miller won first and third prize, first prize for his mortality/medical co-morbidity study with the Ohio Department of Mental Health, and third prize for his advanced paternal age-mortality study with Dr. Kirkpatrick. Amanda Gowans' research won second prize.

Dr. Peter Buckley was named to the Editorial Board of the journal, Current Psychiatry.

Dr. Peter Buckley was named "Psychiatrist of the Year" by the Georgia Psychiatric Physicians Association (GPPA). The award recognizes a Georgia psychiatrist whose leadership both professionally and through community service has generated a significant and positive impact upon health care for people suffering from mental illnesses and addictive diseases.

Gareth Fenley was elected Interim President of NAMI Augusta Georgia Inc. on April 12. NAMI (the National Alliance on Mental Illness) is a grassroots organization emphasizing support, advocacy, education, and research.

Dr. Sandra Sexson was appointed to ABPN task force to work out the details of integrating the "live" patient exam into residency training.

Dr. Adriana Foster was recognized by MCG at the Faculty Award ceremony as the Outstanding Young Clinical Faculty Member of the Year.

Dr. Sexson was chair of the Psychiatry RRC meeting in California.

Drs. Diane and Lionel Solursh discussed suicide in African American men on KISS FM radio show with Fatz and Cher on June 14.

Dr. Denise Evans chairs the Mental Health Subcommittee of VISN 7 Health Systems Council.

Dr. Denise Evans serves as VISN 7 Mental Health Liaison to VHA Central Office.

Dr. Denise Evans completed Network Executive Healthcare Leadership Institute in August 2006.

Clinical Activities

Significant improvement was seen in several of the department's key clinical business performance measures such as late charges, non-compliant charges and uncoded abstracts. These improvements resulted in increased outpatient revenue and were due to administrative reorganization and increased oversight. Changes in scheduling processes resulted in the department's outpatient cancellation/no-show rate dropping from 26.05% during FY 2006 to 22.4% during this past fiscal year. As of the end of May, 2007 year to date charges and payments reflected increases of 20.2% and 11% respectively over the previous year.

2006-2007 marked the first full year of operations for the department's Intake and Triage Service. This service was formed to assist faculty and residents during Emergency Department on-call as well as Consultation Liaison activities resulting in requests for psychiatric inpatient admissions. The Intake and triage Service assisted with 312 evaluations for admission per month. Redirection of self-pay patients to alternative treatment settings resulted in an 88% decrease in free care losses during the year including both professional and technical charges. The activities of the service contributed substantially to an increase in gross margin per inpatient case of 67% for adult and geriatric cases and 6.4% for child and adolescent cases.

During the past year the department fully implemented Project GREAT, funded through a grant from the Georgia Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases. Project GREAT involves a research-based approach to the application of peer support within an academic medical setting. Faculty, residents and staff were trained in the recovery model and the use of Certified Peer Specialists in psychiatric treatment. The project supports a Certified Peer Specialist within the department who is available as a peer support to the patients of faculty and residents in both the outpatient clinic and the psychiatric inpatients units. This groundbreaking effort to train new physicians in the recovery model of mental health treatment is already showing signs of success.

Significant planning resulted in the reconfiguration of outpatient clinics to allow for optimal capture of practice revenue by insuring that the required level of faculty supervision is always available. This effort also involved development of new policies and procedures to ensure that the forty-five day notice required for faculty leave is adhered to and that, whenever possible, alternate supervision is made available to minimize clinic cancellations and resulting revenue loss.

The Department of Psychiatry continued to lead the organization in progress toward adoption of an electronic medical record. New electronic documentation templates were developed to better address the specialized documentation requirements for Psychiatry. Faculty as well as residents and fellows received

individualized training in the use of the new system and adoption increased significantly during the past year. Similarly, the department led the organization in development of computerized physician order sets for its inpatient services. These order sets are scheduled for implementation by the end of 2007.

Department of Psychiatry faculty and staff participated in the planning and implementation of a weekly multidisciplinary breast cancer treatment team also including the oncology, radiation oncology and surgery services. This new multidisciplinary clinic approach enables breast cancer patients to receive complete evaluations across disciplines over the course of one intensive four-hour clinic. Startup funds in the amount of \$10,000 annually for two years were provided by the Comprehensive Cancer Center. Dr. Lara Stepleman has led this project. This new service joins the department's existing compliment of interdisciplinary efforts including involvement in the Multiple Sclerosis and Pain Clinics.

Outpatient patient services are being enhanced through the addition of Patient Care Assistants who will assist faculty by ensuring that patients' medication lists, allergies and problem lists are updated on a regular basis and that vital signs are checked and recorded. The addition of these personnel will add significantly to the quality of outpatient care and also help insure the department's compliance with Joint Commission accreditation standards.

Intense planning has taken place, which will lead to the transition of the department to new quarters in the Stoney building during October 2007. Planning has resulted in renovations to the existing building. Patient advisors have been involved in the planning for renovations and the selection of interior design and decorating of the building. The new building has been configured to optimize patient comfort and flow as well as practice efficiency.

In Dr. Erick Messias transitioned to adult inpatient practice and assumed the title of Medical Director of the adult psychiatry and gero-psychiatry inpatient units at the hospital. Under Dr. Messias's leadership interdisciplinary treatment teams were strengthened and revitalized. Interdisciplinary treatment planning is now more robust and effective.

In September of 2006 Wanda LaVigne, RN, BSN, MS assumed the position of Nurse Manager for the Adult, Geriatric and Child and Adolescent psychiatric inpatient units at the hospital. Ms. LaVigne brought several years of inpatient psychiatric management experience to the position and has succeeded in spearheading several clinical quality initiatives such as the development and implementation of new interdisciplinary treatment plan forms which support the new interdisciplinary treatment team structure.

Expectations/Directions for the Coming Year

The department is now in the process of developing a new strategic plan. It will be crucial to the success of that plan to monitor success indicators on a continual basis. Ultimately the progress of the strategic plan will be monitored through the implementation of a balanced scorecard that will provide feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results. The development of scorecard metrics will parallel development of the strategic plan.

As an integral aspect of the strategic plan and to better insure departmental profitability and equity among faculty, a new faculty compensation plan will be developed over the next year. The plan will insure that all teaching, research clinical and administrative efforts are accounted for and that incentives for these activities are in line with the department's strategic direction. Active consultation is underway with numerous academic departments around the country to capitalize on the experience of others and insure a "state of the art" compensation plan. Improving departmental margin will be one major thrust of the new compensation plan.

2006-2007 saw the end of the CARE program which was a unique, intensive child and adolescent crisis stabilization program. The Georgia Department of Human Resources chose not to continue funding the program as part of a statewide transition of publicly funded mental health care. In response the department is developing a specialty ADHD evaluation and treatment program to offset the revenues from the discontinued CARE program. The new ADHD program is evidence based, intensive in nature and has a strong family component. It will be funded by Medicaid and commercial as well as managed care payers. The program has wide appeal to community physicians and school systems. A dedicated marketing campaign with assistance from MCGHI will support the program.

Negotiations are underway to secure additional funding for clinical personnel to provide enhanced clinical and activity programming for the department's inpatient programs. Additional programming will include life skill based groups as well as more intensive addiction programming. Enhanced clinical programming will enhance patient satisfaction and marketing potential.

The health system committed to include renovation expenses for the department's adult psychiatry, gero-psychiatry and child and adolescent psychiatry inpatient units in a capital improvement funding initiative for fiscal year 08. Approximately \$700,000 has been allocated for improvements on the 3 South and 9 North inpatient units. Patients and family members from the Behavioral Health Advisory Council will serve as consultants during the planning for the proposed renovations.

During the next year marketing efforts will focus on inpatient services for children and adolescents as well as the intensive outpatient ADHD evaluation and treatment program. A mailing advertising child and adolescent inpatient services to area physicians is scheduled for July 2007. A brochure is in development and will be the subject of a subsequent mailing in October 2007. Additionally meetings with community pediatricians have been held and will continue. The ADHD program marketing effort will begin in October 2007 after approximately two month of operation.

The department's patient and family centered care initiatives will focus on an expanded role for the Behavioral Health Advisory Council as well as advocacy involvement by the Project GREAT Certified Peer Specialist. The Council is becoming more familiar with the department's outpatient and inpatient operations and members are becoming more vocal in their recommendations concerning issues directly impacting patients and their families. The Project Great Certified Peer Specialist has begun leading a group on the adult psychiatric unit and reporting back to faculty and administrative staff on issues of concern to the patients. This process will continue into the next year.

IV. Institutional Effectiveness

FY 2007 marks a successful year for the Department of Psychiatry and Health Behavior. It was full of opportunities that provided the foundation for new initiatives and continued success for FY 08 and beyond. The department has now experienced sustainable financial stability and success in education, research, patient care and overall operations. To ensure continued success as the department heads for the future, the previous strategic plan will be reviewed and evaluated and a new three year strategic plan will be created as a road map. There is no doubt that this is an exciting time for the department.

As discussed in the 2006 annual report, managing space in the department has been quite a challenge. **One of the most valuable opportunities that was presented to the department in 2006-2007 was the option to relocate the faculty, staff, residents and outpatient clinical activities to the historical Stoney Nursing building (EG) on St. Sebastian Way.** The anticipated move date is set for October, 2007. This is a major step for the department that will have a positive impact for many years to come and confirms the institutional support for the department. It also represents the hard work and dedication from faculty and staff in the department. A very significant amount of time and energy was spent on this decision which is a monumental one, to say the least. The Stoney building is steeped in history and will allow the department to flourish in many ways. Vacated by the School of Nursing that moved to the new Allied Health Sciences building, the building is in nice shape and will soon be in even top shape as it is currently being renovated through a joint effort by the School of Medicine and the hospital (MCG Health, Inc.). This new space will open doors for the department and give patients the quality environment to which they are accustomed by visiting MCG Hospitals and Clinics. The building is also located in close proximity to the new Cancer Center and the new Allied Health Sciences building. This location will allow for an increase in collaborations between the Department of Psychiatry and several other departments. Collaborations that will be complimentary to everyone involved.



Stoney Building

The sustained financial status of the department has been accomplished despite and economic environment that includes increasing costs and reductions in institutional support, which has been experienced by each SOM department over time. Efforts to maintain the status have involved improving key performance measures and revenue cycle management, attracting outside contracting agencies by offering specialized services, reducing departmental costs, increasing educational teaching, increasing research funding and making other positive changes that have yielded a stable position.

Working with the Physician's Practice Group to improve performance measures has been a large part of the financial stability for FY 2007. A new billing coordinator was hired for the department this year. The coordinator continued the initiatives of the previous coordinator in monitoring billing and collection on a real time basis and correcting issues as they occur. This was accomplished through working closely with the clinical staff, faculty and residents in order to insure that maximum revenue was achieved for the work performed. At the same time, the department continued to achieve favorable results from compliance reviews. Regular meetings including PPG and administrative members of the department also take place. This allows discussion around ongoing problems and allows everyone involved to see a snapshot of revenue cycle management.

As in the past, the department also monitors performance metrics jointly established by PPG and the department. PPG continues to submit information quarterly to the University Health System Consortium – Association of American Medical Colleges Family Practice Solutions Center, which is a resource for academic medical centers. The data is submitted by all participating academic medical centers and is then received across the country and used for comparison and planning purposes. This data has been proven very beneficial for measuring productivity, tracking coding patterns, and examining other key indicators that are vital to a department in an academic setting. This data will be used even more

extensively in the coming year as we embark on a productivity initiative in the department. By examining programs initiated by other academic psychiatry departments to include Ohio State University and the University of Michigan, the goal of administration is to pinpoint accurate mission based management principles that accurately reflect performance and productivity. This is extremely important as financial stability becomes even more essential, but difficult in the future. The department is fortunate in that opportunities for improvement exist. The plan is to monopolize on these opportunities for increased efficiency and revenue.

As has occurred for several years, the department reached a financial status that allowed it to participate in the PPG revenue distribution plan (RDP). Faculty members that achieved an individual financial surplus received incentives. As suspected, overall productivity is increased as a result. This is positive for our department that individuals are rewarded for exceeding expectations and maintaining high productivity. To positively impact the role that the RDP plays in the department, a revised departmental plan was submitted to PPG and the SOM Dean for FY 2008. The plan includes a provision for making departmental finances whole in the event that the department was to fall into a financial deficit. Departmental faculty members voted unanimously to make these changes which can only be beneficial long term. Approval was also granted by the Dean, SOM and PPG. This keeps the department from allocating incentives when operating costs exceed revenue, which could be damaging in the current and projected environment.

Due to the nature of psychiatry, the department has a history of offering services not only to other divisions on campus, but also to community agencies in need of these services. As state budgets continue to decrease, psychiatric services that must be provided by certain agencies become a premium. We are able to provide these services at a reasonable cost while at the same time affording our residents and medical students a wonderful educational opportunity. Several contracts are in existence which renew or terminate annually. Fortunately, each time a contract terminates, a new one is normally negotiated which enhances the psychiatry portfolio. New contracts that were negotiated with agencies in the CSRA (Central Savannah River Area) and throughout the state of Georgia over the last year include an additional contract with the Youth Development Center and a contract to audit the seven mental health hospitals in Georgia. These new endeavors represent the increased awareness of our services across the state. The department is assisting throughout the state to provide services that may otherwise not be affordable or practical for financial reasons. All parties benefit from these types of relationships and the ultimate shared goal of improved patient care is attained.

Departmental revenue fluctuates annually, but has an overall positive trend. The department had the opportunity to recruit several key faculty members over the last three years. While this has proven valuable, it also increases expenses over

a short period of time. In addition, other operating expenses continue to increase. As has been the pattern for several years, revenue loss continues as additional funding streams are reduced that were previously provided by the hospital. The impact of these cuts continues to be fully realized, but the department continues to absorb the cuts without a significant impact on general operations.

Once again the department continued its trend of submitting a positive budget to the Dean of the School of Medicine doing the same for fiscal year 2007. This positive bottom line was realized as budgeted, and is evidence of the high level of productivity and efficiency that has become a daily practice for faculty, residents and staff in the department. There are many variables to be considered when projecting the overall budget, but the department has managed to take these into account in a fairly accurate manner while at the same time attempting to determine external factors that may have a negative impact on the bottom line. While success continues to be in the immediate future, it is imperative that the department renews the three year strategic plan from FY 04 and creates new ways to anticipate issues long term. This planning process is key and will shape the future of the department.

Part of the future plan includes the involvement of University Advancement as a resource. The department has established a working relationship with representatives from this area and a plan is in the works that will allow for many important philanthropic opportunities. This area has been lacking throughout the history of the department. Part of this plan will be to identify philanthropic opportunities when the new Stoney building is occupied. This is an untapped area that has exciting possibilities for psychiatry.

From an educational standpoint, the department prepares alongside the institution, for the upcoming LCME site visit. The department is confident that this will be a successful visit. Medical student interest in psychiatry has increased which is very positive. Several programs and committees were improved over the last year to fuel this increase and the work has been successful. In addition, there has been an increase in teaching from psychiatry faculty members whose presence will only add an interest to the discipline. The move to a neuroscience-based curriculum continues to be successful and academic performance continues to improve with students and residents as evidenced by three successful Residency Review Committee site visits.

On an operational level, the recruitment plan approved in FY 2005 and completed in FY 2006 has proven to be very successful for the department. Key faculty members were added which blended complementary skills in all areas. The original plan was exceeded to fulfill departmental and institutional needs. Dr. Erick Messias joined the department in the neuroscience ranks in the area of schizophrenia and mood disorders August, 2006 as an Associate Professor. A specialist in Pain Management and Post Traumatic Stress Disorder, Rebecca

Jump, Ph.D. completed her training here at MCG and followed with specialized training at the University of Florida, Gainesville, FL. She joined the Department of Psychiatry in October, 2006 as Assistant Professor with a joint appointment in Anesthesiology and Perioperative Medicine in Pain Psychology. Forensic Psychiatrist, Carmen Nichita, M.D. also joined the Department of Psychiatry as an Assistant Professor and will be providing a valuable service to MCG and the state. Dale Peeples, M.D. joined and is a child and adolescent psychiatrist with a particular interest in attention deficit hyperactivity disorder. Another important position added in the last year was an Assistant Research Scientist, Anil Kumar Pillai, Ph.D. who joined the Department of Psychiatry in the area of neuroscience in September, 2006. The School of Medicine graciously allowed the department to add these key members to its program which is another sign of the commitment of the School of Medicine to invest in the future of psychiatry.

Future faculty recruitment involves a business plan that consists of additions in key areas of the institution. The goal is to position psychiatric services within other medical services such as oncology, women's health and neuroscience. This is important as mental health is imperative as a complement to the services provided in these areas. It is a key contributor to good health. These placements will allow for additional research and quality patient care.

New initiatives are also taking place in the area of faculty development as our new Vice Chairman, Dr. Brian Kirkpatrick works to create a departmental development plan that will enhance what already exists in the institution. The process has already begun through individual meetings that took place between Dr. Kirkpatrick and each faculty member before their formal evaluation with the Chairman, Dr. Buckley. Funding options are also being examined. The faculty members gave been very complementary of these meetings and are excited about the possibility of enhancing their careers assisted by a formal development plan. Additional work will take place in this area in the next year and by the end of FY 2008, the plan will be in full swing.

Recruitment in the area of academic support staff and clinic staff has also taken place. The new additions including an academic Office Manager, Research Assistants and a new Administrative Assistant to the Chairman on the academic side allow better research, education and clerical support for faculty, residents and department administration. The move to the new building will allow another opportunity in that Patient Care Assistants will be added to the staff. The new recruits on the clinical side allow the same type of support while at the also enhancing patient care. Efforts to appropriately align manpower with operation needs in the department will continue in an area that is ever changing.

The Department of Psychiatry led a new era of electronic documentation as front end systems such as PowerChart, Cerner, etc., were successfully implemented throughout the institution. These systems will not only streamline patient care, improve documentation and clinical operations, but will also reduce overall cost.

These efforts are in line with the department's continuous initiative to find ways to reduce costs without jeopardizing patient care.

Collaborations stemming from the department's integration into the Neuroscience Center of Excellence in 2003 continued into 2007. Collaborations with the Multiple Sclerosis Center and the Parkinson's Disease Center continue to be beneficial for all involved. In addition and as a complement to the center, a new collaboration led by the Dean, School of Medicine is in the beginning stages. The Brain Discovery Institute is a new approach to collaborations between divisions at MCG. These strategic opportunities not only improve MCG's provision of mental health services, but also allow for additional research opportunities.

The department continues to gain public recognition at a state and national level through many research and patient care programs/projects. Evidence of this is the fact that the Department of Psychiatry and Health Behavior was once again awarded a renewal for the Georgia Department of Human Resources for a Certified Peer Specialist (CPS) Program. The grant funds provide research related to a model using a certified peer support specialist in the mental illness recovery process. Named "Project GREAT," Georgia Recovery-Based Educational Approach to Treatment, the program involved a person that is in recovery from a mental illness, and who is described by the Georgia Certified Peer Specialist Project as a person "who under immediate to general supervision, provides peer support services, serves as a consumer advocate, provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings." We are very fortunate to have hired a CPS this year, who has already begun to make great strides in educating mental health professionals and mental health consumers about self directed recovery. The program assists consumers in regaining control over their own lives and over their own recovery process. The groundbreaking work is transforming mental health in the state of Georgia and across the nation, and is beginning to take shape through departmental efforts which include work by a new Postdoctoral Fellow and by participating faculty, staff and residents. The department is grateful for the opportunity to continue in this type of alternative model and is excited about the possibilities for research and patient care.

In addition, research funding continues to increase in the department through the addition of faculty with a research focus and through research that has been sparked by the faculty development initiative taking place in the department. The department also continues to have involvement with the Division of Mental Health and with the Carter Center in Atlanta which offer a wealth of potential research growth.

The department also initiated a program focused on faculty career development. The first major components of this program are a career development handbook, which should be completed this summer, and regular meetings with each faculty

member that focus on career development. The career development meetings are held at least annually, but can take place more often if helpful. The intent of the meetings is to take a long-range view of career development: academic productivity, clinical care, and education are all assessed. For many faculty members, a review of promotion criteria is appropriate. Usually the faculty member meets with the Vice Chair and the faculty member's division chief, if applicable, but other relevant colleagues can also be included as appropriate. Goals for the next year or next few years are reviewed, and ways to meet those goals are considered. In contrast to the annual review with the Chair, financial obligations to the department are usually not a principal focus of these meetings. However, resources in the department, the college, and beyond are discussed as tools for reaching goals. The department has committed funding and substantial time for career development by senior faculty leadership to our new junior faculty members.

From a national standpoint, the department is more visible than ever with federally funded research, a groundbreaking peer specialist program and a significant amount of faculty receiving recognition. Dr. Buckley was named Psychiatrist of the Year by the Georgia Psychiatric Physicians Association and has taken over the leadership of the American Association of Chairs of Departments of Psychiatry. In addition, Dr. Sexson is Chair of the Residency Review Committee for the American Psychiatric Association and holds other national positions.

Each new year marks success in different areas of the department. Through the opportunity of a new building, faculty recruitment and other indicators, the department is confident that the institution approves of the success that has been achieved and that will continue to be achieved in the future. Years of tremendous effort by faculty members, residents and staff and conservative, careful planning, have allowed continued success that is now being recognized throughout the institution and at other academic centers. The department will continue to meet the mission of MCG and the department in every way possible.

V. Conclusion

Although at both national level and local levels this is a tough time (economically and programmatically), our Department of Psychiatry continues its upward development. The educational programs are strong and are now focusing on enhancing competencies and on educational innovations. The departmental research portfolio is growing, is more adhesive, and more collaborative nationally. The clinical services are progressing to embrace patient and family centered care and recovery-based approaches. There has been administrative growth, key new personnel, sustained financial stability, and intense planning for the imminent move to the Stoney building.