

# The GW Psychiatrist

The Newsletter of the George Washington University  
Department of Psychiatry and Behavioral Sciences

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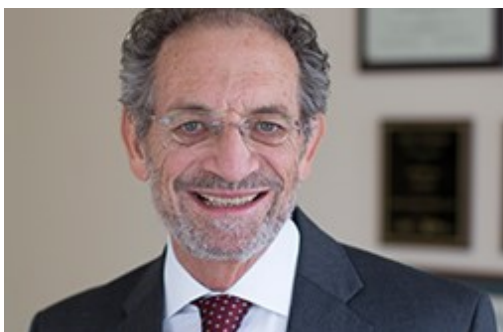
James L. Griffith, MD

## Practicing at the Top of Our Licenses

by James L. Griffith, M.D.

Leon M. Yochelson Professor and Chair

“Payers, hospitals, and healthcare systems are seeking to define ‘top of your license’ as the maximum number of allowable activities that no one at a lower pay grade can do.”



aspects of patient care would be handed off to less expensive counselors or mental health workers. This arrangement would maximize profitability for the hospital or healthcare system.

“Practice at the top of your license” is the latest term that has spread fad-like throughout the U.S. healthcare system. But what does the term mean? In fact, its meaning is being contested vigorously between person-centered psychiatrists who are in opposition to population-based psychiatry as a business venture. All parties agree that patient care should utilize the full extent of a healthcare professional’s education, training, and experience. The expert should not spend time on routine activities, such as insurance pre-authorizations or clerical tasks.

However, payers, hospitals, and healthcare systems are seeking to define “top of your license” as the maximum number of allowable activities that no one at a lower pay grade can do. For a psychiatrist, this typically means restricting practice to prescribing medications to as many patients as possible as quickly as possible. All other

What is the problem with this scenario? First, such assembly line psychopharmacology lacks empirical evidence for its effectiveness. Second, a patient’s voice and experience appear nowhere in this model. Third, many patients have complex, chronic healthcare problems for which a series of visits to different narrow-focused specialists often accomplishes little other than frustration. As an illustration, antidepressants are the most commonly prescribed psychiatric medications, most often by primary care clinicians. Yet, antidepressant treatment in outpatient primary care populations has failed to reduce depressive symptoms in comparison to placebo (Lewis et al, 2019). When NIMH released findings from both positive and negative treatment outcome studies, 57% of marketed antidepressants had failed to

*Of note: This issue of the Newsletter was composed prior to Dr. Griffith stepping down as Chairman. We sincerely thank Dr. Griffith for his outstanding leadership and efforts during his time as Chairman.*

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“Practicing at the top of one’s license means bringing the best of our training and expertise to patient care.”

show a statistically significant advantage over placebo (Kirsch et al, 2002). Most concerning has been the difficulty demonstrating a reduction in suicide rates by antidepressants in studies of depressed patients.

Yet, skilled psychiatrists do use antidepressants to treat patients with consistent effectiveness. How is this possible? “Practicing at the top of one’s license” for a psychiatrist means keeping ownership of formulating treatment. A skilled psychiatrist integrates multiple streams of information and puts together a program that is more than a prescription. A skilled psychiatrist is not only a psychopharmacologist but also a skilled listener with a psychodynamic ear, hearing unspoken fears, sorrows, despairs, and strivings in the background. Patients feel their experience witnessed. The therapeutic alliance is strengthened, hope is mobilized, and coping strengths are activated. Antidepressant medication is part of the package, not the whole package. All this happens seamlessly within a session. Practicing at the top of one’s license means bringing the best of our training and expertise to patient care. This is how we practice and teach our residents.

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### From the Program Director:

### COVID-19 is Not a Thing of 2020’s Past

by *Benedicto Borja, M.D.*  
Residency Training Program Director

As the coronavirus pandemic continues into its second year, we continue to face ongoing challenges such as burnout in our frontline workers, communities’ inconsistent access to the vaccine, vaccine hesitancy, remote learning, and the inequity in battling COVID-19.

Almost 600,000 individuals in the United States alone have died from COVID-19, and over 100 million people around the world have been infected by COVID-19.

As the United States leads in mass vaccinations, it seems this rapid virus is also resilient. A new strain of the virus has emerged in the United Kingdom and scientists are unsure if the new strain is more dangerous than the old one, whether it will cause more deaths and infections, or whether the newly approved vaccines will have any effect on it.

While successful developments of vaccines continue in the hopes of combating new strains and variants, we cannot help but ask, “What if another new strain suddenly emerges?” For that is the nature of viruses, they keep changing. They are all around us, many living in animals. Once in a while, they mutate into a variant that thrives in human beings. Just like COVID-19. We also cannot help but ask, “How are we supposed to go back to normal?” And residents may ask how this affects graduate medical education, as they are the frontline workers too.

The pandemic’s most salient “teachable moment”: Education needs to be learner centered. What matters

“What matters most is to ensure that learners—at all educational levels—are given the opportunity to learn effectively.”



*Benedicto Borja, M.D.*

most is to ensure that learners — at all educational levels — are given the opportunity to learn effectively. Teaching and learning methods need to be re-engineered to ensure optimum transmission of knowledge. Leaders in education also need to step up as stakeholders in shaping the quality of education that affects the nation's future.

The whole world must remain on alert, for the COVID-19 danger is far from over. All countries around the world must keep looking, and testing, and we must be ready to adapt, not only to new strains, but also to new ways of teaching and learning.

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*Attendings, residents, and students enjoying a break together on one of the CL service's weekly Bubble Tea Fridays*

## From the Associate Program Director



*by Kaitlin Slaven, M.D.  
Residency Training Associate Program Director*

"I am so glad that I took all of that call during residency."

I never thought that I would speak those words, but after the birth of my daughter 2 months ago, I actually meant it. Suddenly all of those nights spent never knowing when the pager was going to go off had serious real-life implications. Sleep deprivation is not new to us as doctors, which gives us a leg up on all of the other new parents. I am not going to go so far as to say that it is easy (far from it), but at least I have a basis for coping that I would not have had otherwise.

In truth, there are quite a few ways in which taking call has helped me in my life outside of the hospital. Yes, I can be ready at a moment's notice to deal with a crisis, whether it be a dirty diaper or someone experiencing his first psychotic break. But I can also keep my calm and problem solve in those moments in a way that, without call, I do not think I would have been able to do. Call helps you cultivate

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a patience that is necessary to survive in medicine - especially psychiatry. Call teaches you how to collaborate with others - be it nurses, other medical services, or challenging patients.

There is nothing like being the only psychiatrist in the hospital. At first, it is terrifying. Over time, confidence grows and the feeling becomes both exhilarating and empowering. You realize that you are capable of so much more than you ever thought possible. So as new challenges come up, I realize over and over how grateful I am that I had the call experience to build confidence in my decision making. I am not sure which is more agonizing at 2am - a crying baby or a pager going off - but I do know that, whatever it may be, I have the skills necessary to endure.

## Chiefs' Corner

*by Carl Quesnell, MD (pictured opposite, middle)  
Inpatient Chief Resident*

What a year it has been. I started my term as inpatient chief resident on June 1, 2020 and recently wrapped that term up on May 31, 2021. Over the course of the year, there have been many challenges including the pandemic, a ransomware attack on the hospital and a raid on the U.S. Capitol which is just mere miles away from the hospital's front door. Throughout all of this, I was continuously impressed by the resilience and poise of the residents I have been asked to serve. Perhaps the thing I will remember most about this past year was just how often I would see residents adapt to each new challenge to best provide for a patient in need or to help with another resident's or provider's overall work experience. Though my time at GW will be coming to an end soon, I just hope that I can continue to follow the careers of all the wonderful residents I was able to serve. I know that each one of them is destined to do wonderful things wherever they may end up.





*by Elizabeth Ebbets, DO (pictured above, left)  
Administrative Chief Resident*

Trust your gut. This is advice that I've given myself during every major decision in my life, including the decision of which residency program to rank first. Using this advice is what led me to choosing GW, and I can confidently say that once again my gut did not fail me. Starting residency as a brand new doctor, I had many feelings ranging from excitement to pride to nervousness...to the ever ubiquitous feelings of imposter syndrome. As I reflect on my years as a resident, those feelings have all returned at times, and I have experienced feelings that I previously could not have even imagined. Through all of this, the major theme that comes up for me is support. The teaching and mentorship from my attendings and supervisors, the educational support from didactics leaders, the professional development support from my PDs and APDs, and the personal support from my co-residents and friends. As I reflect on the past four years, these various areas of support have done wonders to shape me as a psychiatrist, physician, professional, and human. It is this support that has shown me that I've made the right decision to choose GW, and it is this support that I will miss the most as I look back fondly on my experience as a resident.

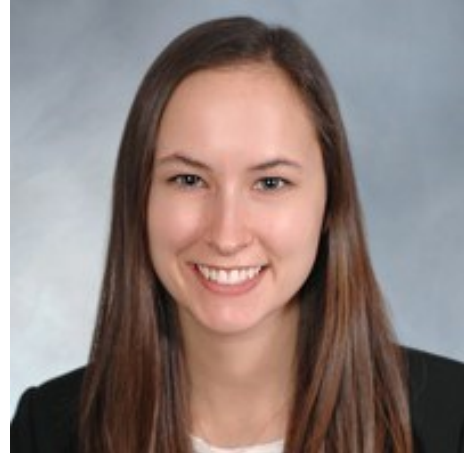
*by John Fatollahi, MD (pictured, right)  
Outpatient Chief Resident*

As my final year as a GW trainee comes to a close, I cannot help but reflect on the many memories, friends, and mentors I made along the way. I received my letter of acceptance to GW for medical school in 2013 and made the decision in 2017 to rank the program #1 for residency. These past 8 years have been filled with ups and downs, highs and lows, good times and bad, but overall, my experience at GW has helped shape me into the physician I am today. As I now prepare for my journey out west to start the next chapter of my career, I want to thank the program for taking a chance and believing in my potential to succeed. I am confident that this will not be the last time we see or hear from one another, so as the late Larry King once said, "Instead of goodbye, how about so long."

## *Farewell To Our Graduates of 2021!*



Dr. Mahmoud Aborabeh: Private Practice



Dr. Carolyn Cookson: Child & Adolescent Fellowship at University of California Irvine



Dr. Elizabeth Ebbets: Child & Adolescent Psychiatry Fellowship at Children's National Hospital.

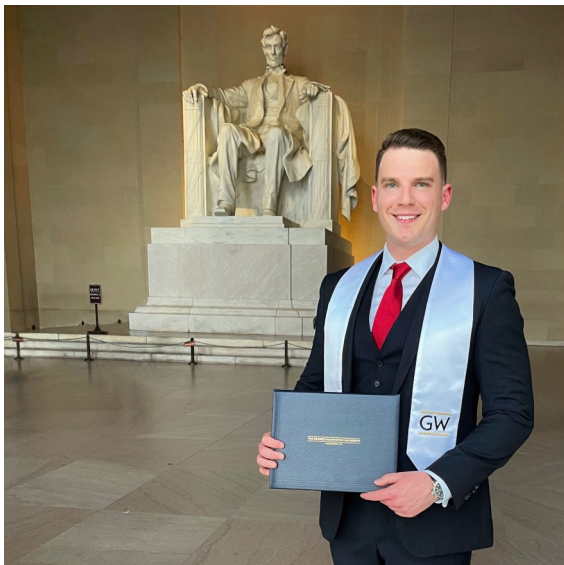


Dr. John Fatollahi: Addiction Psychiatry Fellowship at University of California San Diego



Left: Dr. Alexandra Lynch: Child & Adolescent Psychiatry Fellowship at University of Maryland/Sheppard Pratt

Right: Dr. Carl Quesnell: Child & Adolescent Psychiatry Fellowship at Children's National Hospital.



Left: Dr. Gary Stablein: Private Practice in Newport Beach, CA

## Welcome, Class of 2025!

*After an entirely virtual recruitment season, we are proud to say that we had a successful Match Day on March 19, 2021. We are excited to welcome our six new interns as well as an incoming PGY-2.*



**Prudhi Bandi** was born and raised in a rural village in Southern India. He earned his BS in Psychology from Boston College, and then his medical degree from Creighton University School of Medicine Phoenix Regional Campus. During his medical education, he was active in service, research and leadership roles in the field of psychiatry. As a first-generation Indian American, he sees education, advocacy and normalization around mental health issues for people in his own cultural community and beyond as the primary drives of his pursuit in training in psychiatry. In his free time, he enjoys hiking, kayaking, playing chess, playing and watching basketball, playing Super Smash Bro's with his fiancé, and running his golden-doodle puppy's Instagram page. He is a self-confessed foodie and is on the hunt for the world's best breakfast burrito.

**Miglia Cornejo** joins us from A.T. Still University of Health Sciences School of Osteopathic Medicine in Arizona. She was raised in Rockaway, NJ and received her BS in chemical engineering from Northeastern University in Boston. She earned a master's degree prior to medical school. During the summer after her first year of medical school, Miglia completed a Global Affairs internship at Jaseng Hospital in South Korea, where she introduced the practice of osteopathic medicine to Korean medical providers. She served on the planning committee for the first Asian American Pacific Islander Mental Summit and the annual Let's Talk Conference hosted by the Graduate School of Education and was recruited as an ambassador for Together Empowering Asian Minds. Her hobbies



include attending group fitness and indoor cycling classes, drawing, painting, reading movie/show/book spoilers, and playing Pokemon Go.



**Veda Ghodasara** is from Charleston, WV. She attended the George Washington University here in DC where she obtained a bachelor's degree in biology, summa cum laude. She received the GWU Presidential Scholarship for Academic Excellence. After college, she worked as a research assistant, extern, learning assistant, and front desk agent for Holiday Inn. She will be completing her medical education at the West Virginia University School of Medicine – Charleston. She has hosted many school events including fairs and festivals, as well as fundraisers for organizations such as Make-A-Wish. She recently volunteered at the Depression and Bipolar Support Alliance during the COVID-19 pandemic. She loves traveling the world in her free time. She describes herself as a "very big foodie" and enjoys visiting amusement parks, watching award shows, and she collects Time's 100 most influential People each year.

**James Lockhart** hails from Chicago, IL. He completed his undergraduate coursework at Morehouse College in Atlanta, GA and will be graduating from Howard University College of Medicine. He was chosen by his peers for induction into the Gold Humanism Honor Society. Serving as president of Student Wellness at Howard, he was responsible for organizing and facilitating activities for his class. He also served as a liaison between students and the University Counseling Service. He is the first in his family to graduate from college. His interest in psychiatry is substance abuse recovery and prevention. When he is not in the hospital, he loves Brazilian JiuJitsu. He finds martial arts as therapy. He and his daughters practice jiuJitsu like his father practiced judo with him.







**Emily Rosen** is from Austin, Texas. She attended college at Knox College in Galesburg, IL where she obtained a Bachelor of Arts in Biology and Psychology, summa cum laude. After graduating, she studied Human Sciences abroad at the Oxford University in Oxford,

England. She will be graduating from the University of Texas at Austin Dell Medical School. Emily received A.C Walon Scholarship in Biology and was awarded the Presidential Scholarship (the highest available, awarded to 5 students per year). She has completed a Master of Science in Healthcare Transformation. She assumed a leadership role in reforming treatment at a substance use residential treatment center. She has served as a tutor in high school and college and as a facilitator for an interprofessional healthcare course during medical school. She mentored students earning their master's degree and developed a seminar to teach religious leaders about PTSD. In her free time, she loves yoga, hiking, biking, kayaking and rowing. She plays competitive board games, reads international fiction and travel memoirs and attends musicals. She also loves to travel and learn about other cultures.

**Marc Ruszaj** is from Buffalo, NY. He attended Canisius College in Buffalo, NY where he obtained a Bachelor's degree in Biology and Psychology, summa cum laude. He is graduating from the Jacobs School of Medicine and Biomedical Sciences at the



University of Buffalo. He is a member of the Gold Humanism Honor Society. During medical school, he has had significant involvement in community outreach program. Through his involvement in LGBTQ's organizations, he has implemented initiatives at the level of his school's free medical clinic, the medical school, and the regional health care system. Mark was the team captain of his collegiate swim team in addition to his role on an interdisciplinary team at the Lighthouse Free Medical Clinic. He enjoys long distance swimming

(has been swimming since the age of 3!), hiking, listening to podcasts, paint by numbers, playing and going on walks with his dog, attending buffalo bills games and has recently taken up tennis.

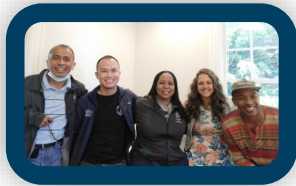


**Krista Koskinen** grew up in Finland and studied medicine at Uppsala University in Sweden. As a medical student, she spent seven months in Bangladesh, Nepal and Vietnam completing clinical rotations and participated in a war trauma related mental health project in the

Himalayas. After graduation, Krista lived in France and worked as a physician in several medical, pediatric and psychiatric emergency departments as well as psychiatric outpatient clinics with immigrant and refugee populations. Krista speaks several languages and is fluent in English, Finnish, Swedish, French and Spanish. Krista completed her internship year at the University of Buffalo before joining the GW psychiatry residency program where she hopes to train to become a psychiatrist and psychoanalyst. In her free time, she plays the piano (for the past twenty years), enjoys music, reading, hiking and skiing.

## Retreat 2021

After a year of being separated by the pandemic, the GW Psychiatry Residents finally got to see each other at the annual Residency Retreat (following CDC guidelines, of course)!



## Kudos!

- ◆ Dr. Posada “is an amazing attending, invested in medical student education, resident education, and provides incredible care. Even more importantly she is a phenomenal human being and mentor.”
- ◆ “Thank you, Dr. Posada, for your tireless support on call and on 6S! Your level-headedness and efficiency always make the day's tasks seem surmountable. “
- ◆ “Thank you, Kate, for your presence and insight on process rounds .”
- ◆ “Thank you, Carl, for all you've done for us as individuals and as a residency this year, for being so available and never making our concerns feel like a burden.”
- ◆ “Thank you, Shayna, for being such a tireless advocate for your fellow residents and for actively working to make our day to day lives better.”