Congratulations to Michael Burke, MD

by Brian Schmidt,
Medical Student Coordinator

Michael J. Burke, MD, PhD, has been asked to serve as chair for a plenary session at the annual meeting of the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), June 22-24, in Annapolis. The plenary session is titled "Teaching Professionalism in Undergraduate Medical Education." Presenters include Dr. Burke, who will review findings of a research project, "The Doctor-Patient Relationship: Medical Student Understanding of Relationship Boundaries" which is being conducted at KUSM-W, Dr. Brenda Roman of Wright State University, and Dr. Laura Roberts, who is Editor and Chief of *Academic Psychiatry*. Congratulations to Dr. Burke for this honor.

FACULTY, STAFF, RESIDENT AND STUDENT NOTES . . .

CONGRATULATIONS

Laurie Coyner, MD, Inna D'Empaire, MD, Heather Hall, MD, and Mohamed Ramadan, MD, for passing their ABPN Part I exams.

PRESENTATIONS

Mercedes Perales, MD, clinical assistant professor, presented "Suicide Prevention" at Via Christi Regional Medical Center - Good Shepherd Campus in Wichita, Oct. 12.

Glenn Veenstra, PhD, associate professor, presented "Loving and Healing through the Language of Emotion" at the American Association Marriage and Family Therapists National Convention in Kansas City, Oct. 20.

Lyle Baade, PhD, ABPP, Cn, associate professor, Dana Soetaert and Robin Matson presented "An examination of the MMSE and RBANS in detecting dementia in a geriatric inpatient population" at the National Academy of Neuropsychology Annual Meeting in Tampa, Fla., Oct. 20.

PUBLICATIONS

Gary L. Beck, BS; Virginia Cleppe, MA; Linda Marts; Rhonda K. Peavy, BS; and **Brian A. Schmidt, BME**, Psychiatry and Behavioral Sciences, published Chapter 11: "Redefining the Role of Clerkship Administrator" in the *Guidebook for Clerkship Directors* 3rd Edition.

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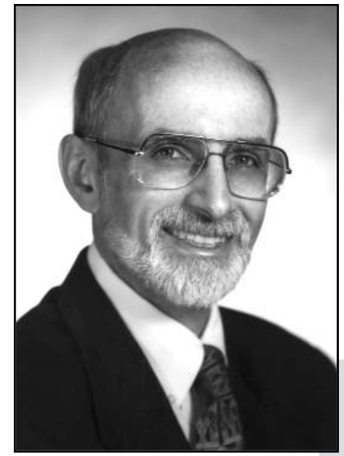
92 percent of all psychiatric physicians in Sedgwick County are KU graduates



The figures are startling but true:

- 92 percent of all psychiatric physicians in Sedgwick County are either graduates of the University of Kansas School of Medicine (KUSM) and/or graduates of the KU School of Medicine-Wichita (KUSM-W) psychiatry residency program.
- 44 percent of psychiatric physicians in Sedgwick County are medical graduates of KUSM, and
- 75 percent are graduates of the KUSM-W psychiatry residency program.

I believe that most, if not all teachers, take pride in the accomplishment of their trainees, and that is certainly true for our faculty. We also take pride in the fact that our graduates are essential to the provision of needed psychiatric services for citizens of central Kansas suffering from serious psychiatric illnesses such as, but not limited to, bipolar disorder, major depression, and schizophrenia.

While the 92% figure by itself underscores the important role that the educational mission of the department plays in the welfare of the citizens of central Kansas, it is further underscored by the following facts:

All of the psychiatrists at the Wichita Department of Veterans Affairs Medical Center (WVAMC) are graduates of the KUSM-W Medical School and the KUSM-W psychiatry residency. Those psychiatrists provide needed psychiatric services to veterans in 51 counties of Kansas.

All but one of the psychiatric physicians at COMCARE, the community mental health center for Sedgwick County, are graduates of the KUSM-W psychiatry residency program. COMCARE is the mental health safety net for all of the citizens of Sedgwick County in need of psychiatric services.

Finally, the busiest private psychiatrists in Sedgwick County are all graduates of the KUSM-W psychiatry residency program.

Based on these numbers, any citizen of Sedgwick County suffering from a psychiatric illness and receiving the services of a psychiatric physician is likely to be receiving those services from a KU graduate of either the medical school and/or the KUSM-W psychiatry residency program.

The KUSM-W is a community-based medical school. The medical school prides itself on being a campus without walls, meaning that it reaches out and involves itself in all aspects of the community. The above figures show how true that is for the KUSM-W Department of Psychiatry and Behavioral Sciences.

To put the impact of the department in perspective, one would need to know something about the distribution of psychiatric physicians in the United States (U.S.). As is true for most medical specialties in this country, psychiatric physicians gravitate to urban centers.

That is even truer for psychiatry than for most medical specialties. In fact, the vast majority of psychiatric physicians are in urban centers on the East or West coasts of the U.S. While the East and West coasts are the most populated regions in the country, the distribution of psychiatric physicians on the coast is beyond that expected simply from the demographics of the country. That is important because psychiatric illnesses occur as frequently in rural as in urban settings and in the Midwest versus coastal states.

Nevertheless, the predilection for psychiatric physicians to live in urban settings and on the East and West coast in part explains for the fact that 92% of all psychiatric physicians in Sedgwick County are KU graduates. That is: Few psychiatric physicians move to Wichita and central Kansas from other parts of the country despite the high quality of life that can be found here.

The KU Medical School and the KUSM-W Department of Psychiatry and Behavioral Sciences have been critical to the production of well-trained psychiatric physicians to keep pace with the

continued on page 2

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COMMUNICATOR ON LINE

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Psychiatry Education of Medical Students

As the director of undergraduate psychiatry education in the Department of Psychiatry and Behavioral Sciences, Dr. Michael Burke is pleased to announce that results of the USMLE Part II exam for the Class of 2004-2005 have been received and students at KU School of Medicine-Wichita (KUSM-W) performed above the national mean in the subject areas of mental disorders and psychiatry. These results reflect the quality of our students and, hopefully, also reflect positively on ongoing efforts to strengthen our educational program in psychiatry. Also of note, in the recent Independent LCME Student Survey, the Neuropsychiatry and Pediatrics clerkships on the Wichita campus received the highest overall evaluations of all clerkships at KU.

Over the last decade, Dr. Burke has developed and launched numerous pilot projects and implemented programmatic changes to increase the effectiveness of learning in the psychiatry clerkship. Now in its second year, a formative standardized patient program has been piloted on the Wichita campus and enthusiastically received by medical students. Although the use of standardized patients has become somewhat standard internationally as a method in medical education, the use of formative standardized patient experiences remain somewhat unique and the organization of the Psychiatry Standardized Patient (PSP) experience, which involves real time feedback from the patient and faculty observers, makes this a virtually stand-alone educational program in the United States (US).

The case scripts for the PSP exercise were written by Dr. Burke and designed to challenge students from the standpoint of clinical data collection and differential diagnosis, as well as dealing with complex, interpersonal dynamics involving patients as well as patient's family members. After examining the patient and documenting the relevant

continued on page 3

Psychiatric physicians

continued from page 1

growth in the population in central Kansas and with the retirement of psychiatric physicians over the past 30 years. In 1975, there were 345,224 citizens in Sedgwick County and 25 psychiatric physicians in the Sedgwick County Medical Society, or 7.24 psychiatric physicians for every 100,000 citizens. Today, there are 463,802 residents in Sedgwick County and 33 psychiatric physicians in the Sedgwick County Medical Society, or 7.11 psychiatric physicians for every 100,000 citizens.

The figure of 7.11 psychiatric physicians per 100,000 citizens is an overestimation because the denominator is based solely on Kansans living in Sedgwick County, whereas psychiatric physicians in Sedgwick County take care of Kansans living in much of central Kansas due to the dearth of psychiatric physicians and inpatient settings in rural areas. That is even truer today than 30 years ago as a result of the closing of inpatient units in smaller outlying communities.

To further put these numbers in perspective, it is useful to compare them to the numbers for the state as a whole and for the nation as is done in Table 1 below:

Table 1. Number of psychiatric physicians per 100,000 citizens

SG County	Kansas	US as a whole
7	11	16

The figures in Table 1 came from Josh Wilk, PhD, who is the Director of Workforce Studies for the American Psychiatric Association. For the purposes of the above table, I have rounded the numbers to the nearest whole number.

Based on this data, the state of Kansas as a whole has approximately 1/3 fewer psychiatric physicians per 100,000 citizens compared to the country as a whole, and the number in Sedgwick County is 35% lower than that for the state of Kansas as a whole and less than half that for the nation as a whole. Keep in mind that the figure of 7 psychiatric physicians per 100,000 citizens is an overestimation of the true ratio for citizens in central Kansas for the reasons outlined earlier in this story.

The fact that Kansas and particularly central Kansas is underserved in terms of psychiatric physicians is probably not a surprise to most readers of this newsletter, but it underscores the importance of our residency program to the citizens of Kansas, particularly central Kansas. It is probably also not a surprise that the heaviest concentration of psychiatric physicians per 100,000 citizens is in the Topeka-Lawrence-Kansas City corridor.

One of the reasons for that heavy concentration in this corridor is that there use to be two psychiatry residency program in this corridor: one at the KUSM-KC and the other at the Menninger Foundation. The latter recently closed when the Menninger Foundation closed. That leaves the state with only two psychiatric residency programs: one at KUSM-KC and one at KUSM-W.

The loss of the Menninger Foundation program means that there will now be fewer Kansas trained psychiatric physicians graduating every year to keep pace with the growth of the population and with the loss of psychiatric physicians through retirement. It will take time for this loss of replacements to be felt, but, over time, the number of psychiatric physicians per 100,000 citizens in Kansas and particularly central Kansas will predictably drop further unless steps are taken to address the foreseeable coming shortfall in psychiatric physicians for the citizens of Kansas.

Unfortunately, if history is our guide, the decline in numbers will continue until a crisis is realized. At that point, efforts will then be undertaken to increase the production. That has been the pattern for dealing with psychiatric health needs in this country in general for most of the last 100 or more years. This problem is further amplified by the aging population and the increased incidence of Alzheimer's disease. The reason is that these patients, when they develop behavioral problems - as they inevitably do – are treated by psychiatric physicians and particularly those with subspecialty training in geropsychiatry.

Taken together, these facts illustrate that the decision by the state legislature 30 years ago to establish the KUSM-W Department of Psychiatry and Behavioral Sciences has thus been of critical value to the citizens of central Kansas suffering from psychiatric illnesses as well as to their families and the community as a whole.

For the interested reader, the names of the KU graduates who are psychiatric physicians in Sedgwick County are posted on the department's Web site.

*Results for Level-I STAR*D are out: An update …..* *Ahsan Y. Khan, MD, Assistant Professor*

The first results paper from the STAR*D has been published, this paper was based on the 4,041 patients enrolled nationally, including the 247 patients treated in Wichita.

All participants were initially started on citalopram. Level-II involved either switching to alternative antidepressants or remaining on citalopram but with one of three different augmentation options being added. (Table 1)

1) What are the remission rates in patients treated for depression in psychiatry and primary care setting with a first-line antidepressant such as citalopram?
2) What kind of social, demographic and clinical features are associated with remission?

Remission rates for Level-I (citalopram treatment only) ranged from 28 percent to 33 percent. Remission rates did not differ based on whether the patient was seen in a primary or psychiatric care setting. The majority of participants who achieved remission did so at or after 8 weeks on citalopram. Caucasian females, who were employed or had higher education or income, had higher remission rates compared to participants who were chronically depressed, with more co-morbid psychiatric or medical conditions, and low level of functioning.

Do these results fall short of expectations? According to the report, only 30 percent achieved remission while taking an average dose of citalopram 41.8 mg/day for an average duration of 47 days, which is longer than in usual clinical practice. 30 percent remission rate indicates that the SSRI, citalopram, is only good for a minority of the patients and specifically for those who have higher baseline functioning and few co-morbid psychiatric or medical conditions. Because of the absence of a placebo group in the STAR*D trial, we cannot say for sure how many of these 30 percent would have achieved remission on a sugar pill (placebo).

Now, what about the 70 percent who did not achieve remission on citalopram? Hopefully, the results of Level-II will answer this important question: What should the clinician do next for the depressed patient who has not benefited from a first-line antidepressant such as citalopram?

Table 1: STAR*D Levels

Level-I	citalopram
Level-II	Switch to: bupropion SR, sertraline, venlafaxine XR and cognitive therapy or augment with: bupropion SR, buspirone, cognitive therapy
Level-IIa	Only for those receiving cognitive therapy in Level-II Switch to: bupropion SR or venlafaxine XR
Level-III	Switch to: mirtazapine or nortriptyline Or augment with: lithium or triidothyronine (only with bupropion SR, sertraline, venlafaxine XR
Level-IV	Switch to: tranylcypromine or mirtazapine combined with venlafaxine XR

Psy Medical Students

continued from page 2

history, exam findings, assessment and treatment plan, the students meet with faculty and residents who have directly observed the encounter. The student receives feedback from the observers and together they review feedback from the standardized patient and the post-encounter documentation. Consistent with the success of this pilot program, the Kansas City campus has expressed interest in utilizing these cases to develop a formative standardized patient experience for students in the psychiatry clerkship there.

Five years ago, a weekly interviewing seminar was initiated to give students the opportunity to interview real patients while being directly observed by faculty. This interviewing practicum has been well received by students and is directed by Dr. Burke and Dr. Glenn Veenstra. The learning objectives for this program include mastery of advanced interviewing skills and performance of the mental status exam. More recently, a Clinical Skills Portfolio has been piloted on the Wichita campus to emphasize and document acquisition of skills during the clerkship. In addition to performance of comprehensive and focused patient examinations, data interpretation, and documentation, the Clinical Skills Portfolio also guides the student through practice-based learning (i.e., continuous self assessment and self-directed learning) and systems-based practice (i.e., utilization and interaction of multidisciplinary resources in medical practice) exercises.

In the 2004-2005 academic year, Dr. Burke completed the Physician-Educator Fellowship at Harvard School of Medicine. He currently chairs the national task force for Clerkship Learning Objectives in Psychiatry for the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and has recently completed a comparative analysis of nationally endorsed specialty clerkship learning objectives. This comparative analysis has been accepted for publication in *Academic Medicine*.

Dr. Burke has now turned his attention to the issue of the doctor-patient relationship and specifically interpersonal boundaries. He is leading an ongoing research project on the Wichita campus in collaboration with faculty from Wright State School of Medicine examining student perceptions of interpersonal boundaries in the doctor-patient relationship and the impact of the third year clinical curriculum on these perceptions. Preliminary results of the study will be presented this year in Annapolis as a plenary session at the annual ADMSEP meeting.

Under the direction of Dr. Burke, three years ago, a Psychiatry Interest Group (PsyIG) was initiated for medical students on the Wichita campus. The mission for this group is to provide a venue for 3rd and 4th year medical students with an interest in psychiatry, mental illness and neuroscience to expand their knowledge, explore career opportunities and perform relevant service activities. PsyIG has been successful with more KU graduates choosing postgraduate education in psychiatry and with members of the group participating in national programs for suicide prevention, depression screening, and mental illness awareness. Last year, members of the PsyIG provided a program on suicide risk assessment and suicide prevention for all KU medical students on the Wichita campus as part of the "Issues in Medicine" series.