KU SCHOOL OF MEDICINE WICHITA
The University of Kansas
Department of Psychiatry & Behavioral Sciences
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Mark Your Calendar

The Kansas Psychiatric Society (KPS) Educational meeting will be held on Friday, Aug. 25, 2006 from 1 - 5 p.m. at KUSM-W Roberts Amphitheater. The topic: "What Test to Order? The appropriate use of the laboratory in evaluating psychiatric patients."

John Bober, MD, will present on the current practices of psychiatrists in the state; Tim Scanlan, MD, will present on the appropriate use of testing for illicit drugs; Steve Werder, DO, will present on the appropriate medical evaluation of psychiatric patients and Kore Liow, MD, will present on the appropriate neurological evaluation.

CME credit will be offered. Please mark your calendars and make an effort to attend. For more information contact: Barbara Finley at 316/293-2680 or Postgraduate Education at 316-293-2636.

FACULTY, STAFF, RESIDENT AND STUDENT NOTES . . .

CONGRATULATIONS

Ahsan Khan, MD, associate professor and **Mercedes Perales, MD,** clinical associate professor, on their promotions.

Connie Marsh, MD, clinical associate professor, on her son's marriage, May 20.

Barbara Finley, resident coordinator, on her daughter's marriage, June 3.

Kaleem Syed, MD, a past resident, received the Outstanding Child and Adolescent Psychiatry Resident Award from the American Academy of Child and Adolescent Psychiatry at the 52nd annual meeting. Dr. Syed is a fellow in the Department of Child and Adolescent Psychiatry at the University of Missouri-Columbia School of Medicine.

PUBLICATIONS

Ahsan, YK., Preskorn SH., Wimalasena, K., Single Enatiomer Drugs: Should They be Developed? Journal of Essential Psychopharmacology. 2006; 7(1):15-23.

Swartz, MS, Wagner, HR, Khan, AY, et.al. Substance use in persons with schizophrenia: Baseline Prevalence and Correlates from the NIMH CATIES Study. The Journal of Mental and Nervous Disease. 2006; 194(3):164-172.

Preskorn, SH., Why the transdermal delivery of selegiline obiviates the need for a dietary restriction on tyramine. J Psychiatric Practice. May 2006.

PRESENTATIONS

Ahsan Khan, MD, presented, "What is CATIE? What have we learned from it?" May 9, 2006, for the Psychiatry Grand Rounds, Wichita, Kansas.

Susan Carr, MD, presented, "You're Only As Old As You Feel" June 13, 2006, for the KUSM-W Live & Learn Lecture Series, Wichita, Kansas.

Michael Burke, MD, presented, "Effect of the Clinical Curriculum on Medical Students Attitudes and Beliefs regarding Boundaries in the Doctor-Patient Relationship" Friday, June 23, 2006, at ADMSEP 2006 Annual Meeting, Annapolis, Maryland.

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I Remember When . . .

Karla Eisele, MD

July 1, 2002: "And what would you like to do about it, Doctor?"

Ah, the dreaded phrase. I think the nurses say that just to scare brand new first-year residents. Before I began residency, I imagined this very scenario, in which a patient went into cardiac arrest, attacked another patient or staff member, etc., etc., etc., *ad infinitum*. In medical school, I had all the answers, of course, and all were correct, or so I thought. The terror of it all did not hit me until my first night on call, by myself, at Good Shepherd. The night began and ended without difficulty: no patient gave birth, had a seizure, required CPR, or any of the possibilities I'd imagined would happen on my watch. Not that I didn't know what to do; the apprehension centered more on whether I would perform with lightning-fast reflexes, or freeze. No, the angst occurred in the wee hours of the morning when the realization came that I was ***the only*** physician in a hospital full of patients, nurses, and the dreaded televideo equipment.

The Assessment Center and Televideo

The Assessment Center nurses helped me a great deal. All were very friendly, quick to offer opinions, willing to help and offer suggestions, and often recalled aloud what Dr. So-and-So had done in a particular situation. They offered tips about how to approach specific attending faculty members, all of which I appreciated greatly.

Patient interviews by televideo, although ingenious, seemed so foreign to me. I'd never experienced anything like it. I'd never been ***on TV*** before, even if it was only viewed by a patient in the Assessment Center, and perhaps a nurse, also. The little window at the bottom right corner of the screen showed how I appeared to a patient on the other side of the video feed. Eventually, I made a point of always closing that little box once the interview began. I used it to be sure I didn't have a bad case of "bedhead," smeared makeup, or "scrub-shirt-on-backwards," before the diagnostic interview.

Some patients didn't understand—"Am I on TV?" or "Are you real?," were common questions. After I became comfortable with this technology, I began to see the humor of it all. I remember one patient, a recent immigrant to the US, who freaked out when ushered into the televideo room at the Assessment Center at Via Christi St. Joseph. Then the violent patient, who, in a psychotic break, tried to attack me through the televideo, thinking I was a spy from the government.

I learned very quickly to develop a "poker face," having heard some of the most interesting utterances from patients, from the woman who put a "blood curse" on me, to the man who could travel to one universe and arrive back on Earth just a moment sooner than he'd left. I also learned to sidestep at a rate faster than that of a flying chair.

July 1, 2003: Learning Endurance

I looked forward to second year all during the first year, simply because all rotations directly related to the practice of inpatient psychiatry. During this year, I grew to thoroughly enjoy the frenetic pace of inpatient psychiatry. I had never imagined managing up to 15 patients by myself, which occurred during Geriatric Psychiatry. Even so, I found this rotation the most enjoyable of the second year. The second year of residency seemed to take only a few months to complete, in contrast to the first year, which dragged on for what felt like a lifetime.

Abundant opportunities to teach, albeit informal, existed. I wrote a hypothetical, ideal, seven-page history and physical form for medical students and first-year residents to follow. (In my past life, I had been a Calculus teacher.) The form is still in use, having been circulated widely by medical students and residents alike.

By the close of the second year, I found myself dreading the outpatient experience which made up the entire third year.

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THIS IS YOUR NEWSLETTER

Let us hear from you!
Contact: Mary Spachek
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Write: 1010 N. Kansas, Wichita, KS 67214
E-mail: mspachek@kumc.edu

COMMUNICATOR ON LINE

Share the Communicator without giving up your copy. It can viewed at: http://wichita.kumc.edu/psych/ Archived issues can also be viewed.

Graduation & Farewell

By Mary Spachek

The department of psychiatry held their resident graduation ceremony on Saturday, June 24. John Bober, MD, resident director, recognized the following 4th year residents Karla Eisele, MD; Katherine Grimsley, MD and Jeremy Tan, MD.

Along with the graduates many others were recognized for their work. The awards given and recipients:

- **Bharati Patient Care Award**
  Janka Lincoln, MD and
  Mark Stewart, DO
- **Laurie Coyner Inpatient Care Award**
  Victor McNerney, DO
- **CRI Research Award**
  Jeremy Tan, MD
- **Teacher of the Year Award**
  Michael Burke, MD

Dr. Eisele and her family will be moving to Orofino, Idaho as Dr. Eisele begins her career as a staff physician for State Hospital North. Dr. Grimsley and her family will be staying in the Wichita area as she begins her career with COMCARE. Dr. Tan and his family will also be staying in Wichita as he starts his career with Prairie View and the Clinical Research Institute (CRI).

Goodbyes went to Malik Kalimuddin, MD and Guiouzel Nabieva, MD, 3rd year residents who left our program to go into child and adolescent psychiatry and Sarita Pal, MD, a 1st year resident who transferred to the University of Nebraska. Dr. Kalimuddin is at The University of Texas Medical Branch-Galveston and Dr. Nabieva is at Harbor-UCLA Medical Center.

Welcome Inna D'Empaire, MD

By Janice McAdam, MPA, *Asscoiate Director*

We are pleased to announce that Inna D'Empaire, MD, has joined the Department of Psychiatry and Behavioral Sciences at the University of Kansas Medical School – Wichita, as the director of Consultation-Liaison Service.

Dr. D'Empaire recently completed residency and clinical fellowship in psychosomatic medicine at the National Institute of Mental Health in Bethesda, MD. She was a psychiatry resident at KUSM-W from 2001 – 2004. Before leaving the residency at KUSM-W to pursue her fellowship, she was awarded the Excellence in Patient Care Award by the department.

We are excited to have Dr. D'Empaire back with us. She will not only be working on consultations in the hospital, but she will be pursuing research in this area with our affiliate, the Clinical Research Institute.

Her office contact number is 316-293-2647.

New Practice Management Software

By Glenn Veenstra, PhD, *Director and Associate Professor, Faculty Outpatient Clinic*

July brings new changes to the department: new medical students, new residents and this year, new practice management software. Though this type of change is usually taxing in the beginning, the hope is that this change will prepare the Medical Practice Association (MPA) to meet the challenges of the years ahead.

In December 2004, a committee started evaluating eight programs to manage the scheduling, billing, accounting, and report generating for the fee-for-service activities at the medical school. The goal was to find a reliable program that would provide the information processing needed, at an affordable price, from a company with a proven record of service and stability. After an extensive evaluation involving demonstrations, Internet and trade journal research, site visits, and trials by MPA personnel, the decision was made to purchase the HealthMatics Ntierprise Practice Management System from A4 Health Systems.

The software is a user-friendly system that meets the MPA's information needs. It allows an easy integration of scheduling, billing, and payment accounting and generates the reports that the MPA needs to manage the fee-for-service activities of the medical school and clinics.

Another reason for choosing this system is its ability to create electronic health records (EMR). This is one of the big changes sweeping the health care field. Instead of handwritten notes by doctors, they will soon be typing them into computers. This will hopefully put an end to complaints about doctor's notes – the inability of anyone but the doctor being able to read them. The other change that comes with EMR, is the ability to make health care data readily available to other providers by the electronic transfer of records. The HealthMatics EMR program was the first of 80 software vendors to receive notification that it meets the Doctors Office Quality-Information Technology (DOQ-IT) requirements.

The billing and accounting staff have worked hard inputting data on our patients and practice activities. They have been trained on the new system that went live June 26. Once all the bugs have been worked out, a second phase of implementing the electronic medical records will begin. This is a major transition for the Psychiatry faculty that will probably generate a lot of frustration and work initially, but will eventually usher us into the new era of health care services.

Antidepressant Studied in Wichita Approved

In March 2006, EMSAM (selegiline transdermal system) received approval for marketing by the Food and Drug Administration (FDA). The studies done in Wichita were conducted by Sheldon Preskorn, MD. Those studies formed part of the basis for the approval of the drug.

Dr. Preskorn stated, "EMSAM works by a completely different mechanism than any of the commonly used antidepressants today. That fact is encouraging because it raises the possibility that patients who have either not benefited from, or tolerated existing medications, may benefit from this new agent." In addition, EMSAM is the first antidepressant to be administered by a patch rather than taken orally.

As a result of his research with EMSAM and all other antidepressants marketed in the United States, Dr. Preskorn was asked to attend and present at the FDA hearings on EMSAM's new drug application in Washington D.C. last October. Those hearings were an important step in the approval of EMSAM.

In addition to EMSAM, researchers in the KUSM-W department of psychiatry have been principal investigators on clinical trials of every antidepressant marketed in the United States over the last 20 years as well as the first implantable device for a psychiatric illness, the Vagus Nerve Stimulator (November 2005 issue of the Communicator).

RESEARCH UPDATE By Mary Spachek

Sheldon H. Preskorn, MD, professor and chair of the department of psychiatry at the University of Kansas School Of Medicine (KUSM-W) and chief executive officer of the Clinical Research Institute (CRI), affiliated with KUSM-W, is principal investigator on eight ongoing studies at CRI.

Ahsan Khan, MD, associate professor of the department of psychiatry, is a principal investigator on the Schizophrenia Trials Network (STN) research initiative funded by the National Institute of Mental Health (NIMH). STN was awarded a grant from the Foundation of the National Institute of Health (FNIH) to evaluate the relative effects of switching to aripiprazole versus continued treatment with olanzapine, quetiapine, or risperidone on metabolic parameters as well as on clinical status of the patients. This study will enroll 300 patients with schizophrenia or schizoaffective disorder, and KUSM-W is one of the sites for the study.

Mercedes Perales, MD, associate professor of the department of psychiatry, is serving as the principal investigator on the pilot escitalopram-bupropion study as part of the parallel NIMH funded Depression Trial Network. Dr. Perales is still looking for participants.

Michael Burke, MD, associate professor of the department of psychiatry, is serving as a principal investigator on two Cyberonics studies.

Remember

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July 1, 2004: "You want me to do what?"

The major challenge of the third year, for me, involved sitting in an office, all day long, four days each week. On the other half day, I saw patients at Comcare; from July through December, I had the wonderful opportunity of seeing patients at the Sedgwick County Adult Detention Facility. This half-day/week reminded me of inpatient psychiatry, only at a bit slower pace. I learned a great deal about antisocial personalities, not only through my patients, but also through the stories the Comcare staff recalled. The day Comcare lost their contract with the detention facility, a day that will forever live in infamy as far as I was concerned, marked the day I found myself again banished to "The Desk", at another Comcare location. Of course, not all was lost—I learned a great deal about the severely and persistently mentally ill at Crisis Intake, and about the challenges of working with psychiatric patients mired in chemical dependency at Addiction Treatment Services (ATS).

The isolation from the other residents (PGY-1, -2, -4) bothered me a great deal. During the first and second years, I had greatly enjoyed the camaraderie of the other residents. In my first year, I barely knew the third year group, having seen them only at resident meetings. On the other hand, I got to know my own classmates very well during third year.

In third year, a multitude of classes (every Tuesday morning) became the redeeming feature of the gruel of "The Desk". The quality teaching of third year left me feeling "caught up" on my reading, for a time, anyway. Again, residents experienced opportunities to teach, which I embraced.

July 1, 2005: "And for my next trick…"

The role of Chief Resident can prove to be quite frustrating. The Chief Resident is charged with the task of representing the residents to the faculty, and of representing the faculty to the residents, a tricky proposition. Although I asked myself repeatedly, "What have I gotten myself into?" I thoroughly enjoyed the task of leading the residents. We accomplished a lot this past year, I feel, especially in the realm of connecting the faculty with the residents' needs. Not all the needs could be resolved, but the stage lights are on for the next chief resident, Dr. Mark Stewart, to continue the "Cause". I can certainly say that I learned a great deal about middle management, and psychology, from this role.

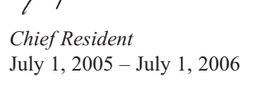
The Light at the End of the Tunnel

During the fourth year, a transformative process begins. The resident undergoes the metamorphosis from "slave labor" to an actual, "for-real," physician. The gravity of this transformation is both glorious and petrifying all at once. It means the end of the relative poverty of residency, the end of the role of "just another resident," and the end of innumerable opportunities for the role of the "red-headed stepchild" of medical residents. The glory comes from having obtained one's first position as a "real" doctor, with a fantastic compensation package, and the satisfaction of such a long-term dream.

July 14, 2006: Moving On

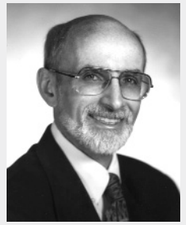
July 14, 2006 will be my last day in Kansas. I have accepted a position as Staff Physician for State Hospital North, in Orofino, Idaho, a charming little town in the mountains of western Idaho. I remain grateful for my experiences as a psychiatry resident here at KU, and look forward to even more learning opportunities in my, get this, 8 a.m. to 5 p.m. position!

Never forget, fellow residents, "that which does not kill you makes you stronger."



Chief Resident
July 1, 2005 – July 1, 2006

Dr. Preskorn Lectures in the Middle East



In early May, Sheldon Preskorn, MD, professor and chair of the Department of Psychiatry and Behavioral Sciences, was asked to lecture on his research relevant to the development of antipsychotic and antidepressant medications in several countries. He lectured in four cities in Saudi Arabia including the capital, Riyadh and also in Jeddah, Dammam, and Al-Khobar, in Dubai in the United Arab Emigrates, and in Cairo and Alexandria in Egypt. During this tour, he was a guest of the Ministry of Health of the Kingdom of Saudi Arabia, the Saudi German Hospital Group, the Saudi Psychiatric Association, the Egyptian Psychiatric Association, and the Institute of Psychiatry at Ain-Shams University.

On the same tour, Dr. Preskorn was asked to present a lecture on the same topic at the Sixth International Bakirkoy Symposium in Istanbul, Turkey. This international symposium is organized each year under the auspices of the state psychiatric hospital system of Turkey and the Turkish Ministry of Health.