Welcome to the first issue of Psychademic! We are proud to present this media to highlight departmental accomplishments, foster collaboration, education, identify career opportunities, and most importantly enhancement as physicians and medical professionals to improve quality of patient care. Thank you and we hope you enjoy.

Choosing Physician Resilience Before it is Too Late
By Toni Johnson, M.D.

The Triple Aim framework developed by the Institute for Healthcare Improvement describes an approach to improve the health care system in the United States. Three dimensions identified by the IHI are:
- Improving the patient experience of care
- Improving the health of populations
- Reducing the cost of health care.

These are lofty and aspirational goals; however, the Triple Aim does not include improving the health and well-being of the providers of care. Thomas J. Nasca, MD, MACP, Chief Executive Officer for the Accreditation Council for Graduate Medical Education (ACGME) emphasized the need to address physician well-being in his 2016 address to the graduate medical education community. He stated that changes in the clinical health care environment which began 20 years ago have accelerated over the past eight years to the point where the impact on physicians and other care givers is now approaching the limits of personal accommodation. Studies clearly demonstrate that the net impact of the mounting pressures of clinical care is escalating physician burnout and depression. It has become crystal clear that we need to better understand the relationship of these factors to the ultimate tragedy of physician suicide.

While the topic of physician well being has recently risen to the forefront within the medical community, little has been done to really address one of our major challenges. As Dike Drummond of the Happy MD website stated, we need to shift the culture of medical education and practice to one that does the following: Honors the stress of the work we do, normalizes (and emphasizes) self-care, work-life balance (or work-life prioritization), normalizes asking for & receiving support. Many physicians encounter stigma related to acknowledging that they need help. They may feel shame instead of supported and safe in asking for that help. Physicians and other health care providers act as caregivers, but we don’t always take care of ourselves physically, emotionally, spiritually and socially. The medical education community needs to model this as we push the culture of medicine to support those seeking help. Our oath to serve mankind begins with a commitment to our own well-being in order for us to best serve our patients.

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Congratulations to **Dr. Lauren Chatham** our first Resident of the Month this year. She grew up near Atlanta, GA and obtained her undergraduate degree from Limestone College. She attended medical school at USC in Columbia, South Carolina. She aspires to live in the mountains in the southeastern part of the United States, while practicing forensic psychiatry as well as sports psychiatry, ideally for a collegiate level program. Her favorite part of psychiatry is the flexibility, variety, and the ability to “make your career whatever you want it to be”. Dr. Chatham’s work ethic and compassion has been recognized by many of the people with whom she comes into contact. Here are some of the comments that lead to her Resident of the Month nomination.

“She is very hardworking, and always goes above and beyond what is expected of her. She’s great to work with because she never passes on the work to others. She somehow keeps her cool even in uncomfortable or tense situations. She’s kind and respectful to everyone she comes into contact with. She is a really great ambassador to other services representing our psychiatry program. I always hear great things about her from other services.”

She’s been doing an outstanding time of holding down everything on nights this month. She gives a great sign out and there have been no messes to clean up in the morning. Her notes are also well written and thought out. Very impressed considering it’s her first time on nights.

**Award Winner: First Place NCPA Annual Meeting**

ECU Psychiatry made its academic prowess known this year in winning the first place award in the poster presentation at the North Carolina Psychiatric Association’s annual meeting. **Dr. Jeeven Padda** represented ECU in presenting a poster that was co-authored by Dr. Juve Raj Padda, Dr. Vivek Anand, Dr. Janet Benjamin, and Nnenna Akaronu, MS. They presented a poster titled *Stimulant Use Among Medical Students in the Southern United States*. They found objective data indicating a higher prevalence of ADHD among their sample as compared to other national estimates, as well as a variety of reported advantages from the use of stimulants. The team won first place, a $250 prize, and certificate of achievement. We are proud for such outstanding representation of ECU Psychiatry through academic achievement.
**Business**

**Resident Council Updates**
Interested in getting involved in a resident sub-committe?

*Technology and Communication:* Project Ethos (initiative to encourage interdepartmental interactions) and EHR concerns.

*I-Pass* (universal safe sign-out) Badges to be released soon. Update: Physician relations number is 847-DOCS the number listed on the card is the cellular of department coordinator.

*Diversity:* (Working to increase hospital-wide diversity and cultural competency); NEEDS

**Faculty Chair if interested**

*Intern Re-orientation* (working to improve transition for interns)

*Education & Evaluation* (Resident wellness and communication tools between programs)

Next meeting Dec 14th

**VIBRANCE** (initiative to improve relations between all staff involved in patient care)

**Upcoming:** *Will likely be a hard stop on having two medications with the same prn indication (as part of compliance with Joint Commission). Also JC will have site visit in March, more updates to come. *Resident Lifestyle Survey* will be emailed soon, the purpose is for incoming applicants to obtain more info about Greenville.

For more information or resident concerns/new business contact your resident council representatives Dr. Brooks or Dr. Alami

**Resident Opportunities**

*APA 100% Club for Residency Training Programs* The APA 100% Club was established to encourage residents throughout the United States and Canada to join the APA with fellow trainees in their programs. For the competitive spirits Wake was 100% past 5 years and is only NC residency program where >80% (bronze) residents were APA members 2016-2017

*APA Resident’s Journal* is accepting original publications in following categories: General Commentary, History of Psychiatry, Treatment in Psychiatry, Clinical Case Conference, Original Research, Review Article, Drug Review, Perspectives in Global Mental Health, Arts and Culture, Letters to the Editor, Book and Movie Forum, and Abstracts.

*Resident/Fellow Reception* at Katsuri October 25th 6-8pm for ECU Vidant employment opportunities

**Conference Watch: Local**

*Drug Testing: Special Populations and Additional Considerations in Addiction Treatment Webinar* Thu, Oct 26, 2017 12:00 PM - 1:00 PM EDT

*Veteran Suicide* (overview of national and state perspectives as they relate to suicide within the military community) Tuesday, November 7th, 8:30 am to 3:30 pm. 1101 Gorman St., Raleigh NC 27606

*NIH Multimodal Brain Stimulation Speaker Series:* Wednesday, November 15, 2017, 1:00-5:00 PM EST Speaker Series to bring together the leaders in the field conducting research using non-invasive brain stimulation and functional imaging including EEG and fMRI. The event will be broadcast via web-ex and archived for later viewing.

**Requiring Travel**

APA IPS: Mental Health Services Conference. October 19th-22nd New Orleans, LA

APA Annual Meeting *May 5th-9th* 2018 in NYC; Submission for research posters open November 14, 2017 to December 14, 2017

Association Medical Education and research in Substance Abuse (AMERSA) Annual Conference *November 2-4th* Washington, D.C.

27th World Congress on Clinical Psychiatry *November 2-3rd* Atlanta, GA

Currently talking with community mental health groups as well. Look out for more opportunities in the future.

**Classifieds**

Looking to get a group of 6 to volunteer at the Ronald McDonald home some time in December. If interested please email psychademicECU@gmail with Subject “RMcD Volunteer”

If interested in placing an ad please email with subject line “Classifieds”
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<td>Mellow Mushroom Trivia 8pm</td>
<td>Vienna Boys Choir 8pm</td>
<td>&quot;Dip into Fall&quot; Dip competition: DD classroom 2:30 judging begins</td>
<td>Trolleywood Brewery Run 6pm</td>
<td>Valiant Wellness Fall Festival 6:00 PM - 8:00 PM</td>
<td>Kayak Demo Day 8am</td>
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<td>&quot;Dip into Fall&quot; Dip competition: DD classroom 2:30 judging begins</td>
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<td>Mercy Creek at Villedge 8:30pm</td>
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<td>Karaoke at Fire American Tavern 9:30pm</td>
<td>BUNCOr for Breast Cancer—Come out to Rock Springs Center for the 14th Annual BuncOr for Breast Cancer Greenville 5:30pm-9pm</td>
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<td>Movie Pop Sup Yoga 8am</td>
<td>Fall Arts Festival 12pm</td>
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<td>Kids 12 and under costume contest and the winner will be able to conduct the orchestra. The concert is Free but donations accepted.</td>
<td>Karaoke at Fire American Tavern 9:30pm</td>
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<td>Haunt on the Tar 8pm</td>
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<td>Haunt on the Tar 8pm</td>
<td>Mellow Mushroom Trivia 8pm</td>
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<td>Down East Holiday Show 5pm</td>
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<td>Annual Saint Peter’s Halloween Carnival 2606 East 5th St. Greenville 3:30pm-8pm.</td>
<td>Haunt on the Tar 8pm</td>
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<td>Trolleywood Brewery Run 6pm</td>
<td>Art Walk 5pm</td>
<td>Jaycee Park Holiday Art Sale 10am</td>
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<td>Family Fun Day 10am</td>
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For more info: [https://visitgreenvillenc.com/events/events-calendar/](https://visitgreenvillenc.com/events/events-calendar/)

The Annual Winter Party will take place on Dec. 15th from 7pm-midnight! We are on track for raising all the funds towards the party. There will be a DJ, karaoke, and light show!

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**Wellness Tips Of The Month**

**Wellness Tips:**

1. **Nutrition:** Avoid unhealthy snacks and stick to protein bars for quick fixes of energy. Pack your own lunch and don’t use vending machines and plan your meals.
2. **Fitness:** Find ways to tighten different muscle groups while sitting in a chair and flex/release them during grand rounds, lectures, etc. It’s a tiny bit of exercise AND it helps you stay awake post-call. Win-win.
3. **Emotional Health:** Remember that mistakes will happen – to all of us – and to talk about those experiences with colleagues/mentors instead of burying them and dealing with guilt.
4. **Emotional Health:** Remember your family and friends, and do nice things for THEM every once in a while. Call them on the way to or from work, send them an email or a text while riding the elevator or waiting for a call back from a consult. Keep these relationships thriving, they are the ones you will turn to when things get really tough or really great.
5. **Mindset and behavior adaptability:** Make a point of having a life outside of residency, including friends/connections that don’t have anything to do with residency. It helps keep you grounded and improves your perspectives on residency.

"The most important patient we have to take care of is the one in the mirror."
Summary Of Spectrum Of Lithium Induced Thyroid Abnormalities

Lithium as we all know is the standard of care for treatment for Bipolar I Disorder. Lithium has a myriad of side effects that are effective including decreasing suicidal risk of patients. We are also aware of the myriad of unwanted side effects, it’s narrow therapeutic window, and renal dysfunction. This summary will focus on specific effects to the thyroid gland.

Effects of lithium on physiology of thyroid gland

The myth that hypothyroidism is the only lithium induced abnormalities is incorrect. Lithium has several effects on the thyroid gland functioning including hormone synthesis and release. It is highly concentrated in thyroid cells and can either reduce or increase thyroidal radiodine uptake. Radioiodine uptake is essential as it is used in the synthesis of thyroid hormones (T3/T4). Low uptake is believed to be secondary to lithium induced iodide retention and competition for the iodide transport. Increased uptake is mediated by the increased secretion of TSH following lithium induced hypothyroidism.

Lithium induced thyroid abnormalities: Goiter

This is the most common clinical finding and is secondary to the initial inhibition of thyroid hormones synthesis release, which leads to increased TSH concentrations. Goiter can be characterized as diffuse, non tender neck swelling. When concerned about this abnormality, thyroid ultrasound has been demonstrated to be simple, cheap, and sensitive method for screening tool. The treatment for lithium induced goiter with associated compressive symptoms is levothyroxine replacement therapy.

Hypothyroidism and subclinical hypothyroidism:

Risk factors of developing lithium induced hypothyroidism include sex (females>males), age (> 50 years), family history of thyroid disease. More frequent assessment of thyroid function (every 3-4 months) may be required in patients with these risk factors. The etiology of hypothyroidism is related to decrease of thyroid hormone synthesis and release. The average length of treatment prior to the diagnosis of hypothyroidism is about 18 months, per Chakrabarti, however can also occur within the first few months.

Hyperthyroidism/Thyrotoxicosis:

Hyperthyroidism occurs less frequently when compared to goiter and hypothyroidism. Thyrotoxicosis, on the other hand, was observed to occur earlier in the course of treatment in a younger female patient when compared to male patients. Hyperthyroidism is mainly characterized by a transient, painless thyroiditis, which is thought to be due to a direct toxic effect of lithium on the thyroid gland. Another proposed autoimmunity and auto-antibody production as a study by Wilson et al, showed an increase in B cell activity and decreased ratios of suppressor to cytotoxic T cells. Preferred treatment is with an anti-thyroid agent such as carbimazole with/without steroids. Radioiodine and thyroidectomy are reserved for patients with lithium induced Grave’s Disease, especially in cases of noncompliance to anti-thyroid medications.

Case of the Month

By now, many of us have either heard or had first hand experience with many of ethical issues psychiatrist face on a daily basis. In that same regard, some of us know exactly what to do when those moments arise while some may feel lost in the world. Well fret no more. “Ethical Conundrums in Psychiatry” is here to help! Each week will pose an ethical question in psychiatry and ask for your opinion on what you would do. In subsequent issues we will include your responses to obtain different perspectives and approaches to many of the dilemmas faced in the field of psychiatry. And just a reminder, your post will be anonymous and there is no right or wrong answer! Also feel free to submit your own conundrum, you may see it in a future issue. We are looking forward to your responses! This issues ethical conundrum is.....

Is hospitalization useful for suicidal patients with borderline personality disorder?

Please submit responses for next issue to PsychademiecECU@gmail.com subject: “Case of the Month”

GOT ETHICS?
Cultural Concepts of Distress and Rare Disorders

Across
2. a dissociative condition characterized by a non-premeditated violent, disorderly, or homicidal rage directed against other objects or persons. The condition, which is often accompanied by amnesia and exhaustion
3. 'wind attacks', characterized by dizziness, shortness of breath, palpitations, and other symptoms of anxiety and autonomic arousal. (Cambodia)
6. The delusional belief that he or she is already dead, does not exist, is putrefying or has lost his or her blood or internal organs.
7. experience extreme self-consciousness regarding their appearance. Patients suffer from intense, disabling fear that their bodies are embarrassing or offensive to others. (Japan)
11. A person's delusional belief that an acquaintance has been replaced by an identical looking impostor or several doubles.
14. is a syndrome among individuals of Latino descent, characterized by symptoms of intense emotional upset, including acute anxiety, anger, or grief; screaming and shouting uncontrollably; attacks of crying; trembling; and heat in the chest.
15. Patients often dissociate and attribute their state to possession by ancestral spirits. (S. Korea)
17. Extreme anxiety associated with sense of weakness, exhaustion, and the discharge of semen.
18. A general state of vulnerability to stressful life experiences and to difficult life circumstances
19. Weakness, dizziness, fainting, anxiety, hallucinations, confusion, and loss of appetite resulting from the action of witches and evil forces.

Down
1. an exaggerated startle response to frightening stimuli. Patients can experience a trance-like dissociation as well as echolalia and echopraxia.
4. also known as 'arctic hysteria'.
5. ____ syndrome is a rare condition whereby someone speaks their native language as if they had a foreign accent. This syndrome usually follows a head injury, trauma, or stroke affecting the speech center of the brain.
8. Another term for the condition is body integrity identity disorder (BIID), but this has come to apply to not only those who desire an amputation but also those who want a range of disabilities including deafness, blindness and a spinal cord injury.
9. From the Spanish for 'fright,' and common in certain Latino populations, refers to the soul leaving the body in response to a frightening experience.
10. in Haitian communities. It is thought that illness is literally 'sent' by others out of envy and hatred and can describe psychosis, depression, or social problems.
12. ____ syndrome is the misattribution and belief that one's hand does not belong to oneself, but that it has its own life.
13. 'thinking too much,' a disorder of distress reported by the Shona people of Zimbabwe.
16. A man's desire to grasp his penis (in a woman, the vulva and nipples) resulting from fear that it will retract into the body and cause death.

References
4. Wellness Tips Robert Wah, MD Former AMA president, Reproductive Endocrinology, National Institutes of Health (NIH) and Walter Reed National Military Medical Center, Bethesda MD

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