Welcome!

Dear Reader,

We hope you enjoy this, the third installment of the new and improved Free Associations! As always, we have tried to bring you content that is intriguing, thought-provoking, and above all – enjoyable to read! In our last edition we brought you an article from our fearless Program Director Dr. Zisook, a treatise on transitioning to life beyond residency, an exploration of the psychopathology of slave owners, and other intriguing pieces.

In this edition, we hope to bring you more intriguing pieces: a breakdown of the annual advocacy day hosted by the California Psychiatric Association, a review of this year’s APA conference and our Mind Games team, and articles about being at the scene for a suicide attempt and managing a difficult patient in the ER.

This edition of Free Associations comes to us at the end of an academic year, giving us the opportunity to say goodbye to some friends, and welcome in new ones. It also gives us an opportunity to thank each of you for reading our newsletter. For the past one year it has been our privilege to provide you with what we hope have been interesting and insightful articles. Without your interest, and your contributions of content, this would not be possible.

-Chaitanya, Jessica, Laura, and Sanjai

CPA Advocacy Day 2014

Jessica Thackaberry MD

One of the great advantages of being in residency is the opportunity to learn about the multiple facets of psychiatry, and to get involved in changing the future of our profession. Psychiatry is a vast field that is constantly changing – the initiation of the DSM 5, research being performed to identify the genetic…

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The Director’s Corner:

Sidney Zisook MD

2014 has been one of our program’s most eventful and exciting years. Since the last Free Associations, we recruited 15 of the best residents ever, we are preparing to graduate a class of 10 outstanding and accomplished residents, we have begun the process of revamping the administrative structure of our department and planning for the next iteration of our program with great pride and enthusiasm.

First, the new guys: We have just completed one of the most successful recruitment/enrollment seasons ever. Our incoming residents may well be in our top 2 or 3 classes ever (I won't name the other 1 or 2 for fear of insulting those in any of the other 35 or so classes). As in recent years, we went out of our way to attract residents with abundant community service, altruism and leadership who will be tomorrow's leaders. As in recent years, we went over ways to select the best of a bumper crop of both US and international graduates. And, once again, we succeeded in spades.

Second, the old guys: This year’s graduates may well be one of the other top classes that we have ever trained. Even after losing several incredibly gifted classmates to the Child Psychiatry fast-track, the class has held together and shone. Our faculty were blown away by the quality of their independent research projects – many of which were sophisticated studies with innovative designs worthy of the full time academic faculty, but unheard of from busy residents with extensive training, administrative and clinical responsibilities. Every one of this year's graduates is a star. And, for the first time in recent years, most of the graduates have already volunteered…

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CPA Advocacy day continued…

basis of many forms of mental illness, as well as the Affordable Care Act allowing for increased access to mental health care. As the future leaders of psychiatry, residents are important to these processes because not only are we involved in the development of these changes, but we will also be the ones to implement and use these advances within our own specialty. As a second year resident, I had the unique opportunity to participate in the California Psychiatric Association (CPA) Advocacy day in Sacramento, CA in April. I learned not only about the current issues being brought to legislature, but also valuable skills to help shape the future of my profession.

There were two important topics of discussion at Advocacy day this year. The first was the Final Rule of the Mental Health Parity Enforcement and Transparency Budget Act. This is the final part of the legislation necessary to proceed with enforcing mental health parity for insurance consumers. Beginning July 1, 2014, there will be strict enforcement of insurance companies to ensure that mental health conditions cannot be treated any more restrictively than any other health condition. This forces the insurance companies to hear from – and heed feedback from – both consumers and providers regarding parity, as well as making sure the limitations of coverage for medications, prior authorization, and standards of medical care are no stricter for mental health than for medical conditions. The second topic discussed during Advocacy day was the upcoming MICRA measure that will likely be on November ballots, aimed at increasing the payout for liability on malpractice suits for all of California. This could not only increase the costliness of malpractice insurance, but also worsen the availability of physicians for patients, thereby increasing healthcare costs throughout California.

Psychiatry is a fascinating profession and is rapidly changing. As residents we have the opportunity to get involved on the ground level for these changes, rather than waiting until graduation. Being part of the CPA, and locally the San Diego Psychiatric Society, allows us to receive valuable mentorship from the fantastic psychiatrists practicing in California, and to broaden our knowledge of our field. CPA advocacy day was a very enjoyable experience, and I look forward to participating in similar experiences throughout the rest of my residency and beyond.

American Psychiatric Association Annual Meeting and 2014 Mind Games Competition

Sandra Lim DO & Laura Marrone MD

San Diego Resident Fellow Members (RFMs) Abesh Bhattacharjee, Jonathan Howlett, Laura Marrone, Vladimir Khalafian, Max Schiff, Desiree Shapiro, Christian Small, Shawn Barnes, Katie Schneider, Sandra Lim, Larry Malak, Marianne Berghem, Chaitanya Pabbati, and Josh Tartaglione were among those present who attended the 2014 American Psychiatric Association’s 167th Annual Meeting titled “Changing the Practice and Perception of Psychiatry” in New York, NY on May 3-7, 2014, at the Javits Convention Center. Laura Marrone and Sandra Lim received generous financial contributions from individual members of the San Diego Psych Society Council to support their travel. This marks the first installation of what is projected to be an annual SDPS APA Leadership Award to support travel to the APA annual meeting. We would like to thank the executive committee and donors including Drs. Steve Koh, Mike Takamura, Maria Tiamson-Kassab, Thomas Lian, and DeeAnn Wong for their generosity and support. Here we have included a small sample of the abundant conference offerings and opportunities for RFMs.

Day #1

Our very own UCSD Psychiatry Residency Director, Dr. Sidney Zisook, co-chaired a symposium entitled “Patient Suicide in Residency Training: The Ripple Effect.” Katie Schneider, PGY2 at UCSD, was one of six speakers, and she shared her perspective on experiencing a patient suicide while she was in her intern year. Another highlight for RFMs was an excellent comprehensive day-long board review “Master Course,” which remains highly recommended by UCSD senior residents that have participated previously.

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American Psychiatric Association Annual Meeting and 2014 Mind Games Competition continued…

Day #2
One of the featured symposiums, “An Alternative Model for Personality Disorders: DSM-5 Section II and Beyond,” was facilitated by Drs. Andrew Skodol, MD, and Johannes Zimmermann, PhD. During the session they presented personality disorders as a spectrum of an individual’s functionality in the world based on 5 domains. In “Bipolar Disorder: An Update on Diagnosis and Treatment,” Dr. S. Nassir Ghaemi, MD, MPH presented MDD as a spectrum from neurotic to pure to mixed state to melancholic. Then Dr. Roger McIntyre, MD gave a talk on obesity and affective disorder, wherein obesity was “a brain hazard” causing inflammation, which changed tryptophan and kynuramine concentrations.

Another workshop targeting RFMs was “Mentor! Find One, Be One.” Trainees were encouraged to find multiple mentors who not only serve as role models for career development but also show willingness to learn from one’s mistakes throughout his or her career.

In the evening, RFMs were invited to attend a special networking dinner and workshop on contract negotiations and job searching jointly sponsored by the APA and HCA Healthcare.

Day #3
In this year’s convocation lecture, Vice President Joe Biden delivered a poignant address to the APA membership in a packed conference hall with additional overflow rooms streaming live video. He addressed major themes relevant to mental health care on the national level including mental health parity and supporting mental health and well being for our active duty and military veterans.

Other sessions included “fMRI based insights into cognition, emotion, and perception in schizophrenia” by Dr. Cameron Carter, MD. He spoke of the Kring paradox of emotion in schizophrenia and proposed using neural systems as treatment targets. A true highlight of the conference was “Rachmaninoff and His Psychiatrist,” by Dr. Richard Kogan, MD, who brilliantly wove together the biography and works of Russian composer Sergei Rachmaninoff from 1873-1943. Dr. Kogan is both a practicing psychiatrist and concert pianist. He played portions of Prelude in C# minor and Piano Concerto No 2, which the composer had dedicated to Dr. Nikolai Dahl, his treating psychiatrist when the composer was in the midst of a three year depressive episode.

In the evening, RFMs and medical students gathered for cocktails and appetizers in a lively and trendy setting…

In the Emergency Room
Paul Smith MD

I am angry. I just saw a patient in the ED – a Mr. RH – whom I was ready to admit. Luckily, I happened to run into his nurse who gave me the following collateral: One liner: Male patient with schizoaffective disorder, living at a board and care but he frequently wanders off and doesn’t take his medication. He comes here for “anxiety,” wanting to talk to a psychiatrist with the goal of admission. He initially denies suicidal ideation, but when the ED physician tells him the psychiatrist is only available for emergencies, the patient suddenly endorses suicidal ideation.

This collateral was important information. When I interviewed him, I genuinely felt for this patient. I knew ultimately inpatient admission would not benefit this man, and that he would be best served returning to his board and care, but he kept stating “I don’t feel good man, I’m afraid I’m going to go out and hurt myself.” He didn’t like his board and care. It was too small, and he didn’t get along with the other residents. When I asked him about psychotic symptoms, he paused for a few seconds — as if searching for an answer that would get him admitted — and stated that he could hear voices telling him to jump in front of a truck.

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American Psychiatric Association Annual Meeting and 2014 Mind Games Competition continued…

hosted by APA Inc. at the Aspen Social Club, which our SDPS President, Dr. Steve Koh, helped organize.

Days #4-5
Dilip Jeste, MD, former APA president and Chief of the Geriatric Psychiatry Division at UCSD, was the chair of a well-attended and popular symposium entitled “Positive Psychiatry and Resilience.” The session addressed the biological basis of resilience and positive psychological traits and presented clinical interventions that support well-being. In “Far from the Tree: Parents, Children, and Identity,” Dr. Andrew Solomon, PhD described the importance of medical and social progress in individuals who have overcome significant adversity and trauma in childhood. He received and deserved the standing ovation at the end of his talk.

Mind Games, a Jeopardy-style competition, featured our own UC San Diego team led by Drs. Khalafian, Schiff, and Shapiro, who ranked in the top three resident teams nationally. Our team came from behind twice, eventually tying Cornell after the end of the game, each with $7000. UT Houston came in third. The judges did not anticipate a tie, and re-convened to invent another question. Neither team got the correct answer, but with team UCSD betting everything and Cornell betting nothing, Cornell was named the winning team. We are very proud of Team UCSD for coming in second place, and we definitely had the most spirited and enthusiastic audience cheering them on! We celebrated over dinner at Carmine’s Italian Restaurant in Times Square hosted by the UCSD Department of Psychiatry and Residency Training Program.

The Resident resource center onsite and Javits Conference Center offered an informal setting for trainees to connect with each other and network.

Brown bag lunches were hosted by subspecialties including the American Association for Geriatric Psychiatry and the American Academy of Child and Adolescent Psychiatry and provided medical students and residents the opportunity to learn more about sub-specialization and ways to get involved with our partnering psychiatry organizations.

With multiple SDPS RFMs at this year’s APA, we attended multiple world class lectures with some of the leaders in our field. The conference offered many opportunities for networking and connecting with like-minded colleagues and in some cases mentors, friends, and former classmates. Overall, it was an amazing five days in New York — educational, inspirational, and intellectually stimulating. We are already looking forward to next year’s annual meeting in Toronto, Canada!

In the Emergency Room continued…

With the information presented to me, I felt like I had no choice but to admit him. He had command auditory hallucinations telling him to kill himself, which is concerning and usually necessitates admission. However, how do I balance this with the collateral information concerning for possible malingering? How do I maintain objectivity in this frustrating situation?

All humans have a basic instinct to survive and make themselves as comfortable as possible. While this…

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In the Emergency Room continued….

patient was certainly surviving in his board and care, he may be more comfortable in the hospital with nice staff, compassionate doctors, and good food. Perhaps the board and care isn’t very comfortable, or the staff isn’t very nice, or the food isn’t very good, or he doesn’t get along with his roommates, or there is another of a hundred possible things wrong with the place. So he wandered off in search of something better, for comfort and care.

I feel like I am being manipulated. I felt genuine empathy for this patient, and I felt a sense of responsibility for his life, that I needed to protect him, when he may not have needed my protection or admission to the hospital. This is what angers me.

In the state of California, inpatient psychiatric hospital beds have become a very scarce, expensive resource. We have eighteen beds and each one costs approximately $3000 per day. It is our responsibility to admit people to the hospital who are truly a danger to themselves, others, or cannot take care of themselves. Inpatient admission is meant for people who are truly acutely ill and would benefit from inpatient hospitalization and treatment. While the cost does not come into the decision making process in a life-saving situation, on a systems level it has to be considered. Will insurance cover this admission, and ultimately will the patient be billed for a short and unnecessary stay in the hospital?

So why am I angry? Perhaps my anger is due to my chagrin over not being "smart enough" to detect attempted manipulation. It is tempting in these situations to take the collateral information from staff in the emergency department into the room, potentially going into the interaction with less empathy after having my view of the patient clouded by those of the staff.

Another factor is the work that goes into each admission by the nursing staff and the day team in the morning, and whether I should be admitting someone to them who would not benefit from admission. He would likely be discharged the next day, and I would be viewed as someone who cannot utilize my good judgment to see who does and does not require admission.

Ultimately this decision making process is a skill we all will learn in residency. While right now I am feeling manipulated, with experience I know I will be able to recognize what each patient truly needs, and whether this involves admission or a safe discharge to his board and care. This is the process of becoming a responsible emergency psychiatrist.

On the scene
Chaitanya Pabbati MD

There is a body on the ground, barely visible through a forest of legs. People are pointing, or covering their hands with their mouths. Has anybody called 911 yet?

A remarkable silence has settled upon the scene. A darkness, one made of more than the evening, shrouds the body of a young man cradling his shoulder and emitting a faint moan. Oh my god this hurts so much. It’s clear that he means his shoulder, but undoubtedly there is more to his story.

So often we only see a patient after she or he has been transported into our Emergency Room, evaluated by a triage nurse and ER physician, poked and prodded by a laboratory technician, and coaxed to provide a urine sample. Just before this, the patient had been carted in from the ambulance bay into the hospital. Before that they were strapped down and driven around the town with a siren blaring above them. Prior to that they were evaluated by a team of EMTs and police officers, likely with bystanders gawking at them from the sidewalk.

And before that? They were in a moment of crisis. A moment so painful that they made the decision to end their life, setting off a cascade events bringing them before us in an Emergency Room at 3am. And in that setting, we must probe this patient. Not with tools, scopes, or instruments, but with our words. Are you depressed? Were you ever raped? Have you given control of your life to a bottle, a pill, or a needle?

For our patient in pain, there is no respite in sight. He has survived, but he is not free of his burden. For even if he heals from his physical injury, he has an arduous task of recovery before him. Managing the stigma from a suicide attempt. Accessing care in a system beyond repair. Tolerating the effects from a cocktail of medications altering his mind and senses. The deck is stacked against him, and he has barely begun playing.

We are bound by our oath to act “…for the good of [our] patients according to [our] ability and judgment.” It was my job, upon arriving to the above scene, to abide by my oath and aid this patient. And so, kneeling on the asphalt in the middle of a darkened street, I did what I could.

Sir, please lay still. The ambulance is on the way. Tell me where the pain is.
The annual, full-day residency retreat was held at La Jolla Shores Beach and park with the gorgeous San Diego sun out in full force. At the start, residents in all four classes and the combined program gathered on blankets and beach towels for informal announcements and an interactive discussion with Dr. Zisook. He was joined by the full Residency Training Office and Associate Program Directors while everyone enjoyed a decadent brunch spread.

The full festivities kicked off with mindfulness and guided meditation followed by ice breakers, class trivia, and prizes. A number of structured and unstructured activities then ensued. Ruchi Shah, PGY1, led vinyasa flow yoga in a circle formation while others body surfed in the water or hung out on the beach. Several residents captured the moment by taking class photos complete with shorts, sunglasses, swimsuits, and floppy sun hats. Gourmet foodies in the group enjoyed specialty bread and cheese and the popular homemade fresh herb and garlic olive oil for dipping freshly prepared by Josh Tartaglione, PGY2. Others swapped turns prepping sides, condiments, and toppings. Everyone came together again as a group for a casual and complete BBQ lunch. Fun and games continued well into the afternoon ending with several residents meeting for happy hour at a local hot spot.

Our sincere thanks and gratitude go out to several parties that made the day a smashing success: Cassidy Zanko, PGY2, our retreat chair, led the planning and execution of the entire day from start to finish with grace, finesse, and positivity, select PGY2 friends and classmates helped with delegated tasks and essential contributions, the RTO and the Department generously funded and supported our festive celebration, and our valued attendings and mentors provided coverage and relieved residents of all clinical duties at all clinical sites. Thanks to everyone who participated and helped to make Retreat 2014 a total blast!

Welcome to the Family!
Written by Jessica Thackaberry MD. Illustrated personally and carefully by Chaitanya Pabbati MD…despite Dr. Thackaberry’s best attempts to discourage such behavior.

Alejandro Meruelo
Alejandro is bicycling to San Diego from Los Angeles to join the research track and teach our residency everything he knows about physics. His pet bicycle accompanies him to faraway places like San Francisco and Japan, where he loves to indulge himself on lobster rolls.

Cosmina Ciobanu
Cosmina is a native Romanian who is excited to stay in San Diego and show us all a thing or two about tennis. We will have to convince her to bring Phoebe, her dog, with her as she sings some country music while enjoying some authentic Mexican food with her new co-residents.

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Welcome to the Family continued…

**Aryan Fotros**
This silkworm-loving intern hails from Tehran, and plans to show off her singing and cooking skills (mmm...Persian food...) as she regales us with stories of her world traveling. We can't wait to meet her and listen to some of her favorite opera pieces.

**Hohui (Eileen) Wang**
Eileen is hoping to surf her way through residency here in San Diego with her dream Pomeranian puppy while listening to some hard core British pop music. She is joining us from Taiwan, and plans to explore all of the outdoor activities San Diego has to offer, and sampling all of the sweet treats she can find!

**Nate Miller**
This rock-climbing, dog loving intern has climbed his way around the US, and is settling here in San Diego. He hopes to find the best Indian food we have to offer, and he just might enjoy it while clinging to the side of a mountain. Let's make some suggestions for what kind of dog he should get while he's in residency!

**Mercedes Szpunar**
Mercedes is proud to be joining our research track, and this triathlon runner enjoys all kinds of music, Asian food, and hopes to explain to us her love of marsupial pouches. She hopes to find a way to build technology to allow her to run all the way to Australia.

**Justin Kei**
Turn up the electronic dance music and get ready for Justin, who plans to teach his fellow residents how to play spike ball while eating hamburgers. Believe it or not, this dog loving intern actually lived in the Luxor in Las Vegas for 2 months as a child. Maybe he has some gambling tips...

**Hayou Lee**
Hayou comes to us from Texas where he has developed a deep appreciation for country music, cowboy boots, and southern drawls. He and his shepherd-kangaroo mix, Lucy, are looking forward to getting up early for dim sum and hitting the waves. He will also be found enjoying hip-hop dancing around San Diego.

**Priti Ojha**
Priti has overcome her fear of swimming just so she can enjoy the warm San Diego beaches this summer when she joins us for residency. She plans to bring her yorkie with her as she experiences all of the ice cream San Diego has to offer and learns to play the guitar so she can put on a show for her fellow residents.

**Amanda Ries**
Amanda is a native Californian and is moving back to join us for residency. You will find her participating in group exercise classes with friends and possibly while eating Asian food. This dog-loving intern was also a gymnast in her past life, so hopefully she can show us all some moves.

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Welcome to all the new members of the UCSD Psychiatry Family!

The Director’s Corner continued…

to join our clinical faculty and help teach the next generation of psychiatric leaders. For a training director, it doesn’t get much better!

Third, the faculty: We are a department that has been incredibly stable through the years. This year, however, “things are a-changing.” Dr. Judd, our fearless leader for just about the past 4 decades (or longer than most of our residents have been alive), is finally beginning to enjoy his well-deserved retirement as Chair. He built what is well recognized as one of the outstanding departments of psychiatry in the world and perhaps the preeminent program in psychiatric research. He will be a tough act to follow. But Igor Grant, very recently named our new next Chair, is up to the challenge. I am happy to reassure everyone that our teaching programs will not suffer under the Grant regime. Not only is Igor an outstanding and well-recognized clinical investigator, but he also has a long track record of innovative and inspiring teaching. Before I joined UCSD, Dr. Grant was running our outpatient program and responsible for the training of what was then PGY 2s. When I got here, he was not only our programs major CBT teacher, but also ran our medical student educational programs (all 4 years), and initiated what is now widely regarded as one of the outstanding psychology PhD programs in the country (if not the world). One of the first things Dr. Grant as Chair did was to appoint Robert Antonelli (former resident and fellow himself) as the Executive Vice Chair and Neil Swerdlow (also a former resident) as the Vice Chair for Education. Not everyone is aware of Dr. Swerdlow’s distinguished track record as an educator, teacher and mentor. For several years, Neil ran the medical student clerkship and elective programs, and then directed the school’s Medical Scientist Training (MST) program. Most recently, he has been the Director of the Psychiatry Residency Research Track. Dr. Grant also has appointed Athena Markou and Murray Stein to lead our new Research Council, and the search is on for a Vice Chair for Clinical Affairs (maybe there is another former resident out there looking for something to do?).

So it’s an understatement to say that this is been a busy time — preparing for the new guys, graduating the "old guys" and changing the department’s guard. All this, and milestones too; but that’s another story. So have fun this summer, work hard and make sure to save plenty time for yourself, your family, and your friends. And let’s all together take a deep breath and enjoy the incredible wave our department is riding.
This is the image of an elderly gentleman, resting on his cane, deep in thought; it represents my grandfather. The poem reflects what I imagined was going through his mind as he lay dying in the hospital. The inspiration for this piece was the feeling I had as I stood by his bedside while he lay dying of lung cancer. He was in a hospital room, on TB precautions. I remember the admonition: “Only one person can enter the room at a time you have to wear a mask, gloves and gown.” The hospital was waiting for the TB test results in order to determine whether he was contagious.

I entered the room thinking “This makes no sense to me to stand next to my grandfather as he lay dying insulated like this when I have spent my life around this man and my TB test have all been negative.” So, I took it all off. I wanted to be able to touch his hand, and have him feel my skin against his. I wanted to let him know that he is not alone.

My grandfather appeared deep in thought, intermixed periods of despair and fear. He worried about what would happen to my grandmother, Aghdas, once he was gone. He hung on to dear life, day by day, until the day my father whispered in his ear, “I will take care of Aghdas.” After this, he chose “DNR/DNI”. When the nurses came to draw blood, his arms were already bruised from daily labs. My father said, “Why are you doing this? He has said that he doesn’t want any interventions.” They replied, “It is hospital protocol and the physician put in the orders.” Despite being told that he would die if he was not put on mechanical respiration, the physician ordered daily blood draws. My grandfather said, “I don’t want that.” So, why was this dying man being tortured with needle sticks? My father would not allow any more blood draws. Eventually the order stopped.

I remember advice from physician mentor: “You must work hard and dedicate yourself to patient safety, care and well being. Remember it is a privilege to take care of someone in need, NOT a right. Every day before you start work, say the following (as I do): Today I will give 110%... that is all you need to do.” I think that, as physicians, we should all follow this simple rule.
Farewell to Friends!

"Don't cry because it's over. Smile because it happened."
- Dr. Seuss

This year we have two graduating PGY5s, eight graduating PGY4s, and four PGY3s fast tracking into Child and Adolescent Fellowships. Here they share professional and personal plans with some parting words. Congratulations on your incredible accomplishments! It is with great pride and pleasure that we introduce the UCSD Department of Psychiatry 2014 Graduating Class!

Carol Koenigsberger will work in community clinics and also private practice.

Cristiane Bertuol will work for Tradition Behavior Health (TBH) in the outpatient county clinical setting while also opening a private practice in the UTC area.

Abesh Bhattacharjee is going to be a Geriatric Psychiatry Fellow at UCSD, and he will continue his research as well.

Nicholas Chan is going to be a Child Psychiatry Fellow at UCSD.

Kelley Deleeuw VA Co-Chief Resident, will be working at Imperial Beach Health Center at their new Nestor Health Center site. She will be practicing both family medicine and psychiatry and helping the clinics with behavioral health integration. She will also be attending part time at Southwest High School for UCSD and Scripps family medicine residents.

Robert Enriquez will be doing community psychiatry.

Katie Hatsushi will join Nick and Desiree in next year’s incoming class with the UCSD Child and Adolescent Fellowship Program.

Jonathan Howlett will be going into the Biological Psychiatry Research Fellowship at UCSD.

Steve Khachi will be a Child & Adolescent Psychiatry Fellow at the Stanford University.

Dorothy Liu VA Co-Chief Resident, will be working for Neighborhood Healthcare in El Cajon and Lakeside. She will be working in both family medicine and psychiatry at this community clinic which serves a diverse, underserved population, including a large number of resettled refugees.

Laura Marrone Outpatient Psychiatric Services Chief Resident, is excited to share that she will be staying at UCSD for the Geriatric Psychiatry Fellowship having the opportunity to train further with some of her long standing mentors! She will remain active on the San Diego Psychiatric Society Council and continue her work in teaching, education and research. She adds, "Stop by 2 East at the VA and say 'hi' or join me for a yoga class!"

Mario Salguero, UCSD Hillcrest Chief Resident, is starting a private practice in La Jolla with a focus on psychotherapy and integrative psychiatry, while working in the community as the practice builds.

Desiree Shapiro is excited about starting her Child and Adolescent Psychiatry Fellowship at UCSD!

Jessica Sperber will be opening a private practice in San Diego focusing on psychotherapy and psychopharmacology for patients with chronic pain, chronic medical conditions and addiction.

Thank you all for your teaching, mentorship, friendship, and camaraderie! You will be missed!

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