Program Director: Swapna Vaidya MD, FAPA  
Founded: July 2006  
Fellows trained: Total 16  
Duration of training: 1 year, July 1-June 30  
Application deadline: November 1  
Contact: Rossyovi Mercedes  
Education Coordinator  
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Core Faculty: Jeffrey Freedman – Division chief Consult Liaison Service  
Swapna Vaidya- Program Director PM Fellowship  

INTRODUCTION  
Psychosomatic medicine is a discipline that focuses on the study of psychiatric disorders and the practice of psychiatric medicine in patients with medical, surgical, obstetrical, and neurological conditions. In particular, the diagnosis and treatment of patients with complex and/or chronic conditions are key components of psychosomatic medicine. Consultation psychiatry is the practical arm of psychosomatic medicine and depends on a comprehensive understanding of medical-surgical disease and of the psychiatric morbidity that affects medical care and quality of life.  

The general goals of our Fellowship Program in Psychosomatic Medicine/Consultation Psychiatry are to provide training in several core competencies encompassing patient care; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice. We train psychiatric physicians to be able to perform evaluations using history-taking; physical examination; mental status examination; neuroimaging studies; and laboratory tests. They also learn to carry out management in the medical and surgical setting of symptoms and behaviors related to delirium, dementia, maladaptive behavior, malingering, and mood, psychotic, anxiety, somatoform, factitious, eating, sleep, sexual, and substance use disorders through the use of psychopharmacology and psychotherapy.  

GOALS  
1. To train, in an advanced manner, qualified physicians in psychosomatic medicine and consultation psychiatry such that, after finishing the year of training, they will be able to establish and maintain such a service at another institution.  
2. To further understand, in depth, the interrelationship of psychosocial and biomedical factors in illness
3. To understand the various functions of an interdisciplinary team in the care and management of a patient, i.e., the skills, attitudes, knowledge, and insights specific to the psychiatric physician and how these differ from those of the internist, surgeon, and various paramedical personnel
4. To educate non-psychiatric staff, house officers, nurses, social workers, psychologists, and medical students about psychiatric complications of medical illness in a setting where this teaching is relevant and demonstrable in its specific application to their own work
5. To develop in each fellow a love of and discipline for making precise observations and, correlatively, to encourage or, at least, to whet the appetite for clinical research around the areas of consultation psychiatry
6. Insofar as possible, to train academic leaders of psychosomatic medicine and consultation psychiatry
7. To introduce the fellow to the organizational and administrative skills necessary to work within the financial, human-resource, and political realities of general hospitals

OBJECTIVES
The following objectives of the program include our methods for attaining the above goals and our expectations of the fellows with respect to specific skills and learning:
1. To develop and implement a formal program of clinical activities including:
   a. Specialized direct patient care supervised by a staff consultation psychiatrist
   b. Interaction with an interdisciplinary team in the care and management of medical/surgical patients
2. Correlatively, to develop and implement a training and teaching curriculum including rounds, bedside teaching, conferences, seminars, and continuity of care.
3. To perfect the skill of psychiatric consultation and learning flexibility through the use of different consultation models and to learn those habits of mind that are distinctive of the psychiatric physician. This implies a necessary emphasis on the development of:
   a. Specific clinical expertise in each fellow with respect to the general knowledge of psychosomatic medicine and consultation psychiatry, as well as, depending on clinical involvement, a further refined clinical expertise, e.g., primary care, HIV/AIDS, cancer, geriatrics, coronary care, transplantation
   b. Specific clinical skills, including diagnostic skills, the use of diagnostic laboratory studies, clinical evaluative techniques, interviewing techniques, alternative models of crisis intervention, and time-limited psychotherapy
   c. An understanding of pharmacology, specifically psychopharmacology, with emphasis on: interactions of psychotropic medications with other medications; the effects of no psychotropic medications on the central nervous system; the use of intravenous medications to reduce agitation; and the use of antidepressants in the medically ill
   d. Critical assessment of the psychosocial aspects of illness, especially stress and resilience
4. To develop the fellow’s teaching skills as a psychiatrist
5. To expand the fellow’s knowledge base with respect to:
   a. Psychosomatic medicine
   b. Areas at the interface of medicine and psychiatry, which other physicians, in general, will not know
c. The literature relevant to the clinical and academic issues of psychosomatic medicine, consultation psychiatry, and general psychiatric medicine

**SCOPE OF TRAINING**
Inpatient CL training takes place on the medical, surgical units at both sites – Mount Sinai St Lukes and Mount Sinai Roosevelt.
Outpatient CL training takes place at the Ryan Center which is a Primary Care Clinic that has a collaborative care component established wherein fellows see cases with the primary care attending and a Psychiatry attending acting as preceptors.
Fellows see the entire spectrum of acuities in their cases, from primary medical-psychiatric problems (e.g., alcohol withdrawal delirium) to coronary-care-unit cases of ventricular arrhythmias with psychiatric sequelae.

Schedule:
Each fellow rotates at both sites in a 3 month rotation to ensure that they have adequate experience dealing with the diverse patient population at both sites. In addition each fellow rotates once a week at the outpatient Ryan Center Clinic which is a collaborative care model focusing on psychiatric management of patients in the primary care clinic.
Rounds are held every day at both sites –Fellows meet Dr Freedman – Division Chief of CL and site director at Mount Sinai Roosevelt Hospital at 8.45 am every day and Dr Vaidya – Program Director and site director at Mount Sinai St Lukes Hospital at 9.15 am . On Wednesdays at 11.00 am the departmental Grand Rounds are held which the fellows are expected to attend.
Fellows are also expected to present at the Departmental Grand Rounds as well as in Interdisciplinary Grand Rounds which are usually conducted in collaboration with the Medicine Residency Program.

The fellows take consultations from throughout the hospital. They are encouraged to form special liaison relationships with various departments or services.

The program neither expects nor requires—either explicitly or implicitly—the fellows to work beyond the hours required by the ACGME. The excellent care expected to be provided is easily accommodated by the requirements set forth by the ACGME. If a fellow finds this is not the case, it is expected that this be brought to the attention of the program director.

**Didactics:**
Weekly didactics are held every Thursday from 3-4 pm focusing on all the core topics in the field as well as on updates in psychosomatic medicine. In addition weekly case conference or rounds are held to discuss challenging cases.
TIME OFF

Consistent with the ACGME leave policy, fellows have 20 total vacation days yearly. Sick days and time off for conferences and for the ABPN exam are included in this allotment. Hospital holidays are not included in these 20 days. In addition fellows are encouraged to attend the APM annual conference, costs of which can be reimbursed through the resident union that they are a part of.

RESPONSIBILITIES AND SUPERVISION

Fellows do not have any on-call responsibilities. They are allowed to moonlight in other institutions after hours or on weekends provided that it does not interfere with their regular work hours and obligations to the program schedule.

RESEARCH OPPORTUNITIES

Fellows are apprised of various research projects and are offered the opportunity and encouraged (though not required) to take part in these research endeavors. They are also encouraged to consider small pilot studies during their year as fellows.

PROGRAM ENVIRONMENT AND WORKING CONDITIONS

While the Fellows are clinically quite busy, there is much supervision and education that complements their clinical experience. There is an abundance of supervision and strong backup that is available at all times for the fellows. The Department of Psychiatry has traditionally been very supportive of the Psychosomatic Medicine/Consultation Psychiatry Fellowship and the Consultation Service

SELECTION PROCESS

As of July 2013, we are participating in the NRMP match and have 2 positions for the fellowship.
We accept the common application that can be downloaded from the APM website www.apm.org
In addition to that we require the following documents:
1: curriculum vitae 2: three letters of recommendation, one of which needs to be from their residency training director 3: Personal Statement 4: USMLE score transcript
This can be sent either by regular mail or in a PDF format via email to the PD and Program coordinator mentioned below:

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