



West Hudson Psychiatric Society
of the American Psychiatric Association
servicing Rockland, Orange, Sullivan & Delaware Counties



P.O. Box 741
Pomona, N.Y. 10970-0741
Tel/Fax: (845) 638-6992
www.rfmh.org/whps

The address above has been changed to:
10 Flitt Street, West Nyack, NY 10994, westhudsonpsych@gmail.com, WestHudsonPsych.org

eSynapse

March 2016

Editor's Comments

James Flax, MD, MPH, DFAPA

You will find below a synopsis of our meeting so all readers will have an idea of district branch business. But, it's only a synopsis. Please **come** to a meeting to appreciate the rich discussions. Our president has written an articulate opinion on the Clozaril use. Dr. Abdullah has again sent us a new article in his long line of erudite essays. Keep 'em comin', Dr. Abdullah. There is another anonymous poem. There are ads and announcements that may interest you, including from my malpractice insurer, PRMS. Dr. Paras is encouraging participation in the Out-Of-Network-Preservation-Committee. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: <http://www.mssny.org>

I want to underline the importance of the APA PAC. However much we may dislike it, this is the way American politics works: more important than the amount of money contributed is the number and percentage of members who contribute. Politicians want to know how many people feel strongly enough about the issue to give to the PAC. If you haven't contributed, please consider doing so. Even \$1 adds your name to the list and number of donors.

Please join APA's New **FREE 'Find a Psychiatrist' Database** by clicking
<http://www.psychiatry.org/psychiatrists/search-directories-databases>.

Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Friday, March 18th
Journal Club (15 minutes) PROMPTLY at 12:30 Followed immediately
by Business Agenda
Please contact Mona Begum, MD (drmonabegum@gmail.com) if you are
planning to attend. **IT'S A FREE LUNCH!**

PRESIDENT'S COLUMN

Mona Begum, MD (drmonabegum@gmail.com)

Dear West Hudson psychiatric society members, colleagues and friends:

In our continuing effort to have ongoing communication with the community mental health services, we were happy to have Dr. Ulrick Vieux, Residency program director of Orange regional Medical center attend our February executive council meeting. Next month we'll have a few of their residents attend our meeting. I am excited and hopeful that these early career psychiatrists will become active members of our district branch in the future and carry on the future mission and vision of APA.

I have been thinking of the topic for this month's column and thought of writing about the under utilization of Clozapine. When I thought of this, a patient, L.H., came to mind. He is a fifteen-year-old residential student who presented with symptoms of mood instability, frequent suicidal ideas, several suicide attempts, self-harming behavior, impulsivity and a history of command auditory hallucinations. By age fourteen he already had eight psychiatric hospitalizations, was treated with a combination of antidepressants, atypical antipsychotics and mood stabilizers without any improvement. Every time I saw him he cried profusely, begged me to send him home and said that he will be all right only if he was home; that he missed his family. However, all those hospitalizations occurred when he was residing at home.

I thought of my experience with clozapine. In the early nineties I was working as a medical director in a social rehabilitation unit in Rockland Psychiatric Center. The unit housed patients with severe persistent mental illness. A majority of them were treatment refractory. Many had symptoms of agitation and physically aggressive behavior. Violent incidents were happening on a daily basis. At the time, Dr. Jan Volavka was doing a bioavailability study at the Nathan Klein Institute. I heard clozapine works very well with this type of mentally ill patients. I had several meetings with him and decided I will start using Clozapine for some of my patients. It was arduous work to select patients who failed four psychotropics in five years, had the diagnosis of Schizophrenia and were willing to accept weekly blood monitoring. I worked very closely with one night shift nurse who bribed patients with cigarettes and candies in return of blood work. Imagine that! It was 1991 and hospitals were not yet smoke free. After the clozapine treatment started for the most agitated, violent patients, the incident rate of the unit dropped miraculously within one year. I still remember one patient was discharged after fifteen years. Not only was clozapine recognized as a gold standard for refractory schizophrenia, bipolar disorder with psychotic features, schizoaffective disorder and violent behavior associated with these diagnoses. It was later recognized as a great medication for suicidality.

I thought of giving it a try for my adolescent patient whom I diagnosed with Mood disorder NOS. After he had been on clozapine 125mg for six to eight weeks with lithium 1200mg he improved miraculously. His depressive symptoms, suicidal ideation and impulsive behavior remitted fully. After two years I discontinued his lithium due to complaints of urinary incontinence. He had a very brief episode of depression within a few months and I put back on lithium. After three years he is still in remission, doing very well academically, socially and he became a happy adolescent boy. His parents wrote a letter to the school thanking us for giving their son's life back to them. Clozapine is such a great drug but we don't use it as frequently as we should and I'm guilty of that too. It is time consuming to register patients, monitor weekly blood work and manage side

effects, especially in a solo private practice. It's easier in a hospital setting. The introduction of the clozapine REMS [risk evaluation and mitigation strategy] program replaces what were multiple registries for clozapine. The new system also recognizes benign ethnic neutropenia [BEN], a condition that previously made clozapine difficult and sometimes impossible to prescribe in some patients. BEN is a non-pathological reduction in neutrophil count that affects many individuals of African and Middle Eastern descent.

This may be a good time for renewing efforts to increase the use of clozapine.

Unless we try, we'll never know how effective it could be for some chronically and severely ill patients and how rewarding it is to see them happy again. I would urge fellow psychiatrists to use Clozapine more frequently.

I welcome your ideas and exchanges. Our next meeting is on March 18, at 12: 30 pm in Il Fresco restaurant in Orangeburg.

Summary from Executive Council Meeting Friday, February 12, 2016 Il Fresco, Orangeburg, NY

Attendees Present: Mona Begum, Nigel Bark, Jim Flax, Raj Mehta, Russ Tobe, John Fogelman and Liz Burnich.

Guest Speaker: Ulrick Vieux, D.O., Residency Training Director, ORMC

- Dr. Vieux gave us a comprehensive update on the new resident training program and behavioral health services at Orange Regional Medical Center.
- ORMC Residency Program
 - They currently have residency programs in the medical specialties of Psychiatry, Family Medicine and Emergency Medicine with future plans in place to expand their program into Internal Medicine and Surgery.
 - The ORMC Psychiatric Residency Training Program started in July 2015 with 3 residents.
 - It is an AOA (American Osteopathic Association) approved residency training program
 - In July 2016, will bring in 5 more residents to bring the program to 8 residents. The plan moving forward is to accept 4 new residents per year.
 - They are in the process of applying for ACGME accreditation (American Council for Graduate Medical Education), which, if received, would allow them to accept both DO and MD residents moving forward.
- ORMC Behavioral Health Services:
 - Dr. Vieux advised that ORMC currently has a 30-bed inpatient behavioral health unit as well as outpatient, addiction and emergency psychiatric services.
 - ORMC is actively recruiting more psychiatrists.
- We discussed ways to partner with ORMC and the residents moving forward such as presenting at one of their Grand Rounds, sponsoring a career night, hosting our fall educational dinner and setting up a mentorship program.

- Dr. Vieux will invite the residents to our next Executive Council meeting.

Spring 2016 Educational Meeting:

- Dr. Jon Stewart will be our speaker on the topic of Treatment Refractory Depression on Friday, May 6, 2016 at La Terrazza Restaurant, New City at 6pm.
- Russ will coordinate the details with the speaker to allow us to get the information needed for CME, etc.

Fall 2016 Educational Meeting:

- Jim Flax has arranged for Jay Lombard from Genomind to be our speaker on the subject of mental health and genetic testing.
- Jim will confirm the date.
- Liz will work with Dr. Vieux on the possibility of having this meeting at ORMC or nearby in Orange County.

NYSPA Update:

- NYSPA is still looking for cases where patients are being denied coverage or psychiatrists are being harassed for the United Healthcare case they are currently working on.
- Next NYSPA meeting is Saturday, March 12, 2016 at the LaGuardia Marriott.

WHPS Website:

- Council members present all voted to keep using our existing website.
- It was suggested that we add the following to our website:
 - New & updated pictures
 - Add all older issues of eSynapse
 - Keep the information current and relevant
- Our domain name (westhudsonpsych.org) is set to expire in June and all agreed that Liz will renew our domain for a period of five years.

Next Executive Council Meeting - Friday, March 18, 2016 at 12:30pm at Il Fresco, Orangeburg, NY.

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CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me by our members. Please do so.

The Ramapo Mountain People

Syed Abdullah, M.D.

We selected the Ringwood Botanical Gardens for our Tai Chi exercises last spring and summer. Here under the shadow of the Ramapo Mountains we found a haven of peace and natural beauty unsurpassed in the region. I could almost hear the whisperings of these lofty mountains as we engaged in 'standing-meditation' which was part of our four hour practices every Saturday morning. Later I discovered that the mountains had a story to tell about the people who had found shelter there through the 18th, 19th and 20th centuries.

During one of the breaks, a Tai Chi participant told me that in those mountains lived a group of very dangerous people, feared and despised by all. "They steal from the towns people, break into cars and indulge in all kinds of serious and petty crimes and show scant respect for what is morally or legally right or wrong." I was told that these people are called by different names: Jackson Whites; Mountain Indians, Black Americans of mixed blood etc.

My curiosity aroused, I went to the Internet and to most of the libraries in the area to find out more about them. The more I read the more I was confused by the medley of contradictory information about these forgotten and much maligned people living in extreme poverty with substandard health care and education. Tuberculosis and rickets were rampant and infant mortality rates were very high.

Most of the initial information I stumbled into was negative and derogatory. It was heart-breaking to read how after their defeat at the hands of the British army the Tuscarora Indians walked the Cumberland Trail to join their allies, the Iroquois, in upper New York. These skirmishes with the British had taken place in western North Carolina from 1711 to 1714 forcing the remnants of the uprooted tribes to leave their hearth & home and trek northwards. They were joined by run-away slaves, called by the local people 'Jacks', who were also seeking refuge in the relative safety of the North. The sons and daughters of Black freedmen from the plantations of Hudson River Valley and Catskill Mountains also accompanied them bringing with them their former masters' Dutch surnames like deFries, van Donck, de Groot and Mann.

The local Lenni Lenape Indians helped the weary travelers and took them to the safety of the Ramapo Mountains where they pitched their tepees and settled down. There were inter-racial marriages and the children that were born had combinations of Black, Indian and European features as well as a variety of skin, eye and hair colors. As with any inbred population, there was a slight increase in birth defects and instances of polydactyly, syndactyly, albinism and piebaldness etc. These features have further stigmatized and isolated them.

Another part of the legend will have us believe that during the War of Independence, the British Army contracted a Colonial sea captain by the name of Jackson to procure around four thousand

prostitutes from England for the entertainment of the British garrison in New York. When he had a shortfall in the number of women, due to accidents and deaths, the clever Mr. Jackson recruited black women from the south to fill the quota. These, named the Jackson Blacks, were segregated from the rest and billeted for several years in a cow pasture in Greenwich Village called Lispernard's Meadows.

When the British were forced to quit New York during the War of Independence, the women fled Manhattan and wandered northward into the Hudson Valley where they were joined by Hessian (German) deserters and other Tory refugees. Dutch adventurers and villains, including the Tory guerilla, Claudius Smith, and his followers also joined in the trek to the Ramapo Mountains. By 1880 all these people were firmly ensconced in the Ramapos bearing the collective name of "Jackson Whites" presumably a variation of "Jacks and Whites." The lowland people feared and despised them either for having been Tory sympathizers, for their mixed blood, or for being Black, or Indian, or outlaw, or all the above. From 1880 on, The Jackson Whites had little to do with the world outside the Ramapo Mountains and the few towns and villages they managed to build at the foothills. They subsisted by hunting, fishing and primitive farming on the slopes of the mountains. The women wove wicker baskets and carved wooden ladles etc. that were sold in the markets of Suffern and Hillburn.

Around the time of the Civil War the Underground Railroad played a significant part in the drift of the former slaves into the community of the Ramapo people. Nyack was one of the stations on the way to the mountains. The Jackson Whites still sing songs that were sung in the cotton fields of the South. Their spoken language shows traces of German and Dutch usages. For example *housen* for house and *feist* for frightened

The first school for the Ramapo Mountain children was started in 1902 by the missionaries Mr. and Mrs. Wheaton. They not only provided elementary education but also served the children warm food. Some came from the very remote districts, unwashed and in clothing in which they slept. Frequently clothes were worn until they were filthy rags. Eventually the State Department of Education took over and rebuilt an elementary one-room school. All the children were given mental tests and found to be of average intelligence. A number of them went on to High Schools in Suffern and Mahwah etc. Some have had college education, achieving professional status. The Ringwood Iron Mines and Foundry employed many men from the Ramapo Mountain people. The Ford Motor's factory in Mahwah was another source of employment for them. The iron mines are now closed and its shafts have been used for solid waste disposal by the Ford Company. This has left the Mountain people with fewer jobs. The other major calamity to hit these people was the building of roads through their neighborhood. Route 17, the New York Thruway and Route 202, took bites off their territories, bulldozing the homes built by them in the foothills over the decades. When they tried to stake their claims to those properties they were dismissed for lack of any deeds or documents of ownership.

Despite this, the remnants of the tribe, albeit drastically reduced in numbers, continue to hold on to the semblance of a clan. Living in shacks, shanties, lean-tos, consisting of two rooms at the most, but usually one. These are put together with every conceivable bit of material that they have been able to scrounge together. Sheets of corrugated tin serve for roofing, while the three sides are patched with old wash-boards, barn doors, or bed slats, the mountain makes the fourth. These handsome, shy, gentle, proud and reclusive people have had some friends who have tried to make a difference in their lives. Mr. Thurgood Marshall, who later became a Judge of the US Supreme Court championed their rights for adequate education and health care. President Lyndon Johnson's commission for the eradication of poverty in America had sent a special committee to

study their needs and make recommendations. Despite all this, they have remained an isolated, segregated group subsisting below the poverty level. The activists among them have made several unsuccessful attempts to get themselves categorized as the Ramapo Mountain Nation.

Poetry

Anonymous

Do you know that tonight I really deserve to die?
Lets face it, Out of all the other nights where I sit
bathed in sweat from cancer's excruciating twist
I sit there all regal - all the non-put-upon type.

But not tonight. Tonight I want to Rock and Roll
Discover the soul in some virginius 17 year old
I want to recreate a slap and a giggle
A chapter often read, but never never outright told

This afternoon, though, I am calculating my chances
of ever seeing another god-damned normal day
complete with red rimmed sunrises and closed
dusky, musky sunsets that stink of stale sex and familiarity

PRIVATE PRACTICE: FEES Here is a link to a public site where you can look up fees for a given zip code. <http://www.fairhealthconsumer.org/>

PRIOR AUTHORIZATIONS If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe, Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671) - email at hsf@psych.org. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

The URL below will direct you to a database for the regional CMS (Centers for Medicare and Medicaid Services) headquarters. The names of the regional Medical Directors are listed. When you call, hang in through all the options, and at the end type in the name

of the medical director. You will get either the real live doc, an assistant, leave a message, or the name of someone to call for in an emergency. It usually works.

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional_Contacts.html

My experience has been that the higher you go in any organization (hospital, government, insurance companies), the closer you are to the decision maker, and the decision makers do not have to stay on the unvarying mindless script. They do not instruct you to have a good day, apologize for your inconvenience, thank you profusely and hear how they know how valuable your time is. They usually listen, and if you do not scream at them, a favorable result often follows.

PARITY ENFORCEMENT FROM NYSPA: If you missed the NYSPA Webinar on parity I strongly suggest you listen to it; accessible on the NYSPA website. Seth Stein and Rachel Fernbach have presented a packet of wonderful new tools that potentially will allow us to better manage and respond aggressively to insurance company efforts to restrict care.

PLEASE MAKE EVERY EFFORT TO RETURN PHONE CALLS. EVEN IF YOU HAVE NO ROOM IN YOUR SCHEDULE FOR NEW PATIENTS: I have frequently heard complaints about patients leaving voice mails with psychiatrist's offices and never getting a return phone call. If true, this reflects very poorly on our profession.

Affordable Living

The Hudson Valley and Catskill Region is home to 2.3 million and offers an affordable lifestyle less than 90 minutes from New York City.

Median value of owner-occupied housing units, 2009-2013:

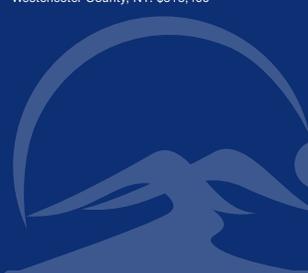
Sullivan County, NY: \$172,100

Pike County, PA: \$193,100

Orange County, NY: \$276,900

Rockland County, NY: \$435,300

Westchester County, NY: \$518,400



Position Qualifications

MINIMUM EDUCATION:

- M.D. or D.O. degree from an accredited school of medicine or osteopathy

MINIMUM EXPERIENCE:

- Two years of experience preferred but newly graduating residents and fellows are welcome to apply

REQUIRED CERTIFICATION/REGISTRATION:

- NY State Medical License
- Active and Unrestricted D.E.A. Certificate
- Board-certification or Board-eligibility in Psychiatry
- ACLS and BLS certifications preferred



CESAR ROJAS, MD
crojas@ormc.org

Dr. Cesar Rojas serves as the Chair of Psychiatry for Orange Regional Medical Center's Behavioral Health Services.

Dr. Rojas's experience in Acute Inpatient Psychiatry from Montefiore Medical Center of Bronx, NY and geriatric psychiatric experiences earned while working in nursing homes, allowed him to quickly rise at Orange Regional to lead the department.



ULRICK VIEUX, DO
uvieux@ormc.org

Dr. Ulrick Vieux joined Orange Regional in 2015 as the Psychiatric Residency Director.

Dr. Vieux was named the 2013 Preceptor of the Year at Touro College of Osteopathic Medicine of New York, NY. He is Board-certified in Psychiatry and Child & Adolescent Psychiatry and recently completed the American Osteopathic Association Health Policy Fellowship from Ohio University College of Osteopathic Medicine and New York Institute of Technology College of Osteopathic Medicine. He has held faculty positions at Harvard, Columbia, Mount Sinai Hospital and Touro College of Osteopathic Medicine. He comes from Mt. Sinai-St. Luke's/Roosevelt (SLR) in New York, NY where he served as the Medical Director of the Children's Community Mental Health Services and Director of Mental Health at the Satellite Based Clinics.

Behavioral Health Services Recruitment



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COMPENSATION

- ✓ Compensation that you deserve

Call Michael A. Gaille, Physician Recruiter at 845-741-9102 or email your CV to physicianrecruitment@ormc.org

March 2016

***When a family member or a friend
is in crisis
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LEARN ABOUT THE BEHAVIORAL HEALTH RESPONSE TEAM (BHRT)

Place: Dr. Robert L. Yeager Health Center

50 Sanatorium Road, Bldg. F, Room 119
Pomona, New York 10970



**Join Us
Wednesday,
March 16
7:30pm
to hear from key
members of the team
that provides mobile
crisis services in
Rockland**

**Tracie Florida, LMSW
Administrative
Coordinator**

**Jo Ann Zucker, LCSW
Clinical Coordinator**

**Have your questions
answered**

BHRT

Is an interdisciplinary team of mental health clinicians and technicians that responds to requests for assistance with a range of mental and behavioral health issues

Out-Of-Network-Preservation-Committee

Dear Colleagues,

We are in practice at a time when patients have a rapidly diminishing choice of which physicians they can see because of restrictions of their out of network benefits, increasing out of network deductibles, and co-insurances.

For the vast majority of our patients, getting reimbursement from their insurer is the only way they can afford to see the doctor of their choice.

Out of network reimbursement is important to our patients. It is also important to us as providers who wish to continue to provide a high level of care to our patients. It is imperative that we act now to preserve and improve out of network coverage in N.Y.

After reading about the "Out-Of-Network-Preservation-Committee" in the APA news, I participated in a teleconference December 11th. The OON Preservation Committee is a unified, coordinated group of physicians, of all disciplines, from all NY Organizations, societies, institutes and associations. They are committed to keeping patients and their physicians in charge of determining from whom they seek their medical treatment.

Currently there are 280 members; the group formed 6 months ago. They are seeking new members in all fields of medical practice. I have volunteered to participate in recruiting.

There is no formal application process to become a member. Now is the time to advocate and speak up in a loud unified voice to ensure patient choice. Please join and support their efforts. And please recruit any concerned colleagues in NY State (of any specialty) who might be interested in adding their voice to this effort.

The email for this committee is einbinder@aol.com<<mailto:einbinder@aol.com>>

Thank You,

Carol Paras, M.D.

Pearl River, N.Y.

drcarolparas@gmail.com<<mailto:drcarolparas@gmail.com>>

Psychiatry/Psychotherapy Office for Rent

Saturday all day, Sunday after 10:30

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Private Bath, Full Sound Insulation, Separate Entrance/Exit

Call Lorraine Schorr, MSW 354-5040

Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance

Peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at Jawonio, inc. 775 N Main St. New Hempstead. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

APA NEWS & NOTES FOR DB/SAs



News and Notes for APA District Branches/State Associations

March 2016

This monthly newsletter is prepared by APA's Communications Team as a benefit for our District Branches and State Associations. Feel free to share the articles below in your own newsletter. If you have any questions, please contact James Carty at jcarty@psych.org or 703-907-8693.

Want to keep up with APA in between newsletters? Connect with us on [Facebook](#), [Twitter](#) (@APAPsychiatric) and [LinkedIn](#) for the latest news and updates.

What's New at the APA

- APA members have chosen Anita Everett, M.D. as their next president-elect. Her term as president-elect of the APA, once confirmed by the board, will begin this May at the conclusion of the APA Annual Meeting in Atlanta, when current President-Elect Maria Oquendo, M.D., begins her one-year term as president. You can see all of the election results [here](#).
- APA Foundation Executive Director Paul Burke has announced his retirement. Burke led the philanthropic and public educational arm of the APA starting in 2007 and will retire July 1, 2016. You can view APA's press release on Mr. Burke's retirement [here](#).
- The Partnership for Workplace Mental Health has released its latest issue of *Mental Health Works*, a free monthly publication focused on mental health in the workplace.

We encourage you to use this resource in your own newsletters and outreach efforts. You can subscribe to *Mental Health Works* [here](#).

Mark Your Calendar

- Brain Injury Awareness Month (March)
- National Sleep Awareness Week (March 2-9)
- Kick Butts Day (March 19)

Briefs For Your Newsletter

March Course of the Month

The March Course of the Month is now available:

Physical Examination in Psychiatry: Common Scenarios Requiring Physical Examination

Many conditions in medicine present with prominent psychiatric symptoms. Yet, physical examinations are not universally performed on psychiatric patients. This course will provide an outline of the physical exam in psychiatry, and help the learner:

- Identify medical conditions that present with psychiatric symptoms;
- Apply the physical examination to specific psychiatric conditions that require attention to physical findings; and
- Describe medical conditions that occur commonly in the psychiatric patient population.

Learn more about the Members' Course of the Month, including upcoming topics, and explore the other 200+ educational opportunities available at a discount for APA members through the new Learning Center.

APA to Offer Integrated Care Training

As part of the Transforming Clinical Practice Initiative (TCPI), APA will offer training to psychiatrists to support practice transformation through nationwide, collaborative, and peer-based learning networks.

Free training is available to psychiatrists through online modules and live trainings.

CME credit is also offered. Content is similar for both training sessions so you may choose to participate in one or the other based on your learning preferences and availability.

- **Online Modules - [Click here to get started!](#)** There are two parts to the training containing seven modules in all. It is recommended that participants complete both parts 1 and 2.

Last chance to renew your 2016 membership!

If you have not already renewed your APA membership for 2016, please renew before the grace period ends on March 31, 2016. Your membership benefits will end if you do not take action.

Renew online at psychiatry.org/paydues or call 888-357-7924

Become a Fellow of the APA

Take the next step in your psychiatric career and become a Fellow of the American Psychiatric Association. The Fellow of the APA (FAPA) designation is an honor that reflects your dedication to the work of the APA and your profession. We've made it easier to apply. Get more information and [Apply Today!](#)

Nominate an outstanding resident for the Resident Recognition Award!

APA encourages residency training programs to nominate one APA resident-fellow member who exemplifies one or more APA values. The trainee must be a member of the APA and must be in good standing in their General Psychiatry or Fellowship Program. For more details, visit the [Resident Recognition Award](#) page. Application deadline is March 31, 2016.

Are you accepting new patients in 2016?

APA's Find a Psychiatrist is a growing database to help patients find psychiatrists. If you are accepting new patients in 2016, we encourage you to [opt-in](#) to be included. This is a great benefit for expanding your patient base.