Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 120

Massachusetts Psychiatric Society, 40 Washington Street, Wellesley Hills, MA 02481 Phone: 781-237-8100 Fax: 781-237-7625

ACRONYMS and the NEW YEAR

Just before Thanksgiving, the DOI (Division of Insurance) of Massachusetts sponsored a meeting on Federal Parity legislation known as MHPAEA (Mental Health Parity and Addiction Equity Act) sometimes referred to by the names of its sponsors, Domenici-WellStone. Washington based representatives of DOL (the Department of labor), the IRS and several other lesser-known acronyms were also in attendance. Greg Harris, Lisa Simonetti and I were in attendance representing MPS. Some material here has been previously discussed but there is a new twist at the end.

As usual when many acronyms are present, the discussion was at times quite dry and technical. Our colleagues from M AC EP (Massachusetts College of Emergency Physicians) were also well represented and brought up the topic of EMTALA (see previous newsletters for this definition). MHPAEA and EMTALA are not really related directly but see below for an interesting intersection.

DOL has posted seven sets of FAQ (frequently asked questions) on its website attempting to define by example such an engrossing issue as NQTL (non--- quantitative treatment limitations). NQTL are important to understand because they bear directly upon issues affecting our patients and profession. The Federal Parity law MHPAEA forbids quantitative limits on treatment of psychiatric and substance abuse disorders unless similar quantitative limits are placed on medical treatments (and they really never are). But in addition, it recognizes that non-quantitative limitations might also be applied unfairly to psychiatric and substance abuse disorders resulting in unacceptable limitations on these treatments as well.

The following example is part of the letter from MPS to DOL attorneys who were present at the meeting:

Consider Mr. Smith, a 55-year-old man with poorly controlled diabetes and also with poorly controlled schizophrenia. Mr. Smith presents to his local ER confused, disoriented, agitated, and assaultive. If these symptoms are a result, in the ER doctor's opinion, of Mr. Smith's diabetes, he is admitted to a medical floor for treatment of that medical diagnosis without any outside screening team doing additional evaluation and without any prior authorization.

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Donald B. Condie, MD

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www.psychiatry-mps.org

Inside this issue:

(President's Report—Continued from page 1)

On the other hand, if – in the opinion of the ER physician – Mr. Smith is medically stable and his symptoms are the result of his poorly controlled schizophrenia, then an outside screening team {ESP] must be called in to reevaluate Mr. Smith, second-guessing the opinion of the ER physician who believes Mr. Smith should be admitted psychiatrically. After a delay, possibly of several hours, the screening team arrives to duplicate the previous ER evaluation. The screening team on site usually consists of a Masters level licensed person who then presents the case to an outside psychiatrist or psychologist. The doctoral level practitioners on the screening team never actually evaluate Mr. Smith in person but rely upon reports from personnel on site.

If the screening team in the ER and the outside practitioners agree with the original ER physician's decision for psychiatric admission, the screening team is in most cases required to call an 800 number for Mr. Smith's insurance to obtain another level of prior authorization before insurance will pay for any admission. Massachusetts Medicaid currently delegates authority for prior authorization to some screening teams, but most commercial insurance does not. Medicare does not require any of these extra steps.

My question to DOL was whether or not the barriers outlined above, which do not exist for any medical/surgical diagnosis, constitute Non Quantitative Treatment Limitations. The opinion stated by the league DOL attorney at the forum was that they **do** in fact appear to constitute such impermissible NQTL.

If you have been able to slog through the acronyms to this point, consider the implications if DOL moves forward to declare that emergency screening teams and carveouts are impermissible treatment limitations for psychiatric and substance abuse disorders. It was made clear at the meeting that gentles suasion would be the first tactic employed by DOL and it remains unclear since MHPAEA has not yet been in effect for a full 12 months (although it will have been by the time you read this) whether or not Massachusetts DOI or local DOJ (Department of Justice) or a combination of both would be charged with direct enforcement. And how would national carveout companies react to being told that a good portion of their business model might now be impermissible? You can be sure that extensive lobbying would be one result.

The MPS Executive Committee has discussed whether or not we might propose a bill in the Legislature asking for local insurance providers to certify that they are in full compliance with Federal Parity. There many other possible avenues to pursue locally.

Our colleagues from MACEP enthusiastically support mental health parity because they believe that -- as in the example above Mr. Smith – their ability to treat patients and decide upon proper disposition as attending physicians is crucial to good patient care no matter the diagnosis. However, the problem of overcrowding and long delays for psychiatric/substance abuse patients in ERs would not be solved by doing away with ESP team and 800 number PAs. In fact, it could make the situation more difficult since the admissions process would be streamlined.

There are times when what appeared to be NQTL could be argued to be necessary by insurance companies. They might for example claim that ER physician are not familiar with partial hospital, crisis unit services, and other less than hospital level of care alternatives and that specialized screening is therefore necessary. An easy rebuttal for that position is that ER physicians could quickly learn these alternatives, and they have the advantage of directly evaluating the person in front of them.

This process will be ongoing and MPS will follow up with local DOI as well as considering legislative leverage that might advance patient care. The new year will certainly bring changes and we will continue to advocate for our patients and profession. Thanks for all the feedback about these article (Abour Health Systems for example has been helpful in pointing out that they are going to open a psychiatric Intensive Care Unit, a long needed service). As usual, stay tuned.

Donald B. Condie, MD
President

MPS IS PLEASED TO WELCOME THE FOLLOWING NEW MEMBERS

General Member:

Ali S. Mudassir, MD
Jamie Dupuy, MD
Matcheri S. Keshavan, MD
Amy Gagliardi, MD
Lior Givon, MD
Sara Hamilton Sullivan, MD

Member-in-Training:

Anothai Soonsawat, MD
David Lewis Perez, MD
Edan Gillat, MD
Leah Morey, MD
Nicholas James Gelormini, MD
Ruzicka Brad Williams, MD
Timothy J. Bunton, MD
Ying Cao, MD
Ashish Anand, MD
Dumetz Scott, MD
Karina Umanskaya, MD
Michael Huan Tang, MD
Robyn Treadwell, MD
Tatyana Ellison, MD
Yaser A. Haq, MD
Zelma Rahim, MD

Transfer In:

Carolyn A. Broudy, MD
Donald Rosen, MD
Susan M. Szulewski, MD
Cecil Ray Webster, MD
Monique Riberiro, MD

Advancement

Alexis Freedberg, MD
Joseph Stoklosa, MD
Ana Ticlea, MD
Peter Adams, MD

Member-in-Training Corner
Isis Burgos-Chapman, MD

Lets Talk About Death M.D.

There are certain memories from medical school that have started to fade. Something that I remember quite vividly though, is the day I lost my first patient. I recall feeling sad, perplexed and somewhat responsible because never once had any of my senior teammates expressed that there was even a remote possibility that she would not survive. I doubt I will ever forget how the patient's daughter cried and yelled out when told her mother had passed. In retrospect, I do not feel as surprised by her death when I recall she was over 90 years old, had fallen days prior to admission, had been found on the ground and was dehydrated and severely bruised when admitted. In recounting this event, I am troubled by the fact that we never had a conversation with this elderly woman's family about her prognosis. Expectedly, yet unfortunately, I have experienced many similar end of life cases since this first encounter. It is because of these experiences that I can appreciate that many physicians, including psychiatrists, do not feel comfortable talking about imminent death.

Recently while on call, I was asked to evaluate an 83-year old male presumed by his medical doctors to be depressed because he kept asking for the priest. This man had been in the hospital for nearly two months and, as far as he could tell, was not getting any better. Frail and unable to move much on his own, he lay in his hospital bed, dependent on oxygen. He spoke to me about his beautiful wife and six children and about the service he had provided for our country as both a soldier and later as a Boston firefighter. He shared his perspective on the importance of religion in his life and said that he wanted to see the priest in order to get some peace of mind. As I sat there with this man, I felt a sympathetic discomfort because he exuded an awareness that his life would never be the same again and that he would likely die soon. I did not know how to openly communicate with him about this and wondered if anyone else had previously done so with him. I felt uncomfortable with the contrast between the fact that, at this point in my training, I could confidently evaluate whether or not someone was suicidal, yet I was petrified to ask a dying patient his thoughts regarding death.

In 2009 a study was conducted in which 82 psychiatric residents from the University of Toronto answered an electronic survey which examined their attitudes, perceived preparedness, experiences and needs in end-of-life care education. From this study, the authors concluded that "despite conceptualizing quality care and the construct of dignity similarly to dying patients", these psychiatry residents felt "poorly prepared to deliver such care, particularly the nonphysical aspects of caring for the dying"[1].

The results of this study are striking given that we as psychiatrists are accustomed to tackling difficult topics that people refrain from deliberating. Unfortunately, when it comes to death and discussing all it entails, many of us are left speechless. Death is not a trivial issue for neither the dying nor their loved ones. As a result of this discomfort with discussing death, whether it be imminent or not, our patients are subjected to unnecessary tests and treatments and many times left to experience their last few remaining days both physically and emotionally isolated.

The question that needs to be addressed is what can be done to prevent the perpetuation of the fear that accompanies end-of-life discussions? I agree with the authors of this 2009 study that "end of life care education should be provided more longitudinally in various clinical contexts" throughout psychiatric residency training. This is a topic that could easily be incorporated into various rotations such as Consultation Liaison, Geriatrics and even into psychotherapy training. If psychiatry residents are to overcome this discomfort such measures must be implemented into psychiatric residency curricula.

References

Tait, Glendon R., Hodges, Brian D. "End of Life Care Education for Psychiatric Residents: Attitudes, Preparedness, and Conceptualizations of Dignity." *Academic Psychiatry* 33.6 (2009): 451-56.

MPS 2012 Awards for Outstanding Achievement in Psychiatry

The MPS Awards Committee will be meeting to consider the nominations from MPS Members for the following categories of MPS Awards: Psychiatric Education; Advancement of the Profession; Public Sector Service; Research; Clinical Psychiatry; Lifetime Achievement

The Awards will be presented at the MPS 2012 Annual Meeting in May 1st 2012. If you have a nomination, please submit the name of the MPS member, with details of their achievements, and your reasons for nominating them. You should also include CV summarizing their work. *Send your nomination to the attention of the MPS Awards Committee by January 31, 2012. You can submit this either by* email to mpatel@psychiatry-mps.org, or you can mail to MPS, 40 Washington Street, Suite 201, Wellesley, MA 02481 Thank you! ~~ MPS Awards Committee

Managed Care Update

Gregory Harris, MD, MPH, FAPA

MPS Survey of Outpatient Practice Patterns

Thanks to all who participated in our outpatient practice patterns survey in 2011. As you may recall, the survey asked MPS members to describe their practice setting and to address issues related to managed care organizations and to global issues related to the practice environment. We divided practices into cohorts; "direct negotiation" (the MPS member negotiates with MCOs), "group negotiates" (the MPS member works for a group that makes MCO decisions) and "large institutional"; large institutions were excluded from the data collection for the purposes of this survey.

The basic practice breakdown was as follows:

Estimated hours per week you work in your practice locations

	- 0-10 Hrs	- 11-20 Hrs	- 21-30 Hrs	- 30+ Hrs
Direct	- 20.8%	- 33.1%	- 9.7%	- 36.4%
Group	- 58.3%	- 13.9%	- 8.3%	- 19.4%
Large	- 29.6%	- 11.3%	- 25.4%	- 33.8%
Non-Clinical	- 54.7%	- 24.5%	- 9.4%	- 11.3%

Are you Board Certified for Adults **93.9%**
Are you Board Certified for Child **10.9%**
Are you Board Certified in a subspecialty **19.0%**

We then asked members to indicate satisfaction levels with MCOs and the reasons for dissatisfaction. For anti-trust reasons, we cannot publish the details, but we can share some of our observations from the data:

First, the Managed Care Committee receives a high number of provider complaints about certain MCOs; however, we saw no correlation between these complaints and the population-based ratings that those companies received in this survey. Our sense is that for many providers in MCO networks things work smoothly, but when things go awry, they go powerfully awry for a subset of our members. This is a conception we are already using in our advocacy work with MCOs.

Second, providers in the "direct negotiation" cohort tend to "cherry pick" the MCOs with which they contract much more than the "group negotiation" cohort. Our sense is that this is a double-edged sword; this cohort is less empowered to negotiate/more empowered to simply leave, but this imparts a greater sensitivity and vulnerability to the "direct" cohort when problems do arise, since these members are in fewer MCO networks.

Third, providers in all cohorts leave all MCOs (without any real variability) due to pay (#1) and frustration (#2).

If you are in private practice, (Direct Negotiations, Group Negotiates) which panels are you on? Please indicate your satisfaction level with panels you have left in the past 5 years? Please indicate your reasons.

- "Direct Negotiation" = tends to cherry pick plans
- "Group Negotiates" = tends to accept all insurers
- Reasons for leaving = #1 pay rate #2 frustration

We then asked members in all cohorts (we did not subdivide here) to rate MCOs on a variety of parameters. Again, for anti-trust reasons, we cannot publish the details, but we can share trends from the data:

Please rate the following managed care companies on the following areas:

- Ease of initial authorization - UR processes
- Ease of ongoing authorizations - UR processes
- Payment – level of reimbursement – timeliness of payment
- Pharmacy – prior authorizations – scope of coverage
- Customer service to providers – appeals/reviews/rejections

Trends:

- MCOs with NO prior authorization processes tended to score highest across all domains of the ratings
- MCOs with prior authorization procedures and low pay generally tended to score low.
- All other MCOs scored in the middle, with no MCO consistently higher or lower in general
- Medicare scored higher in the "Direct Negotiation" cohort
- Medicaid scored higher in the "Group Negotiates" cohort
- "Public" plans rated high

Finally, we asked all survey respondents to answer three questions related to the changing health care environment. These answers have already been useful in issues-based advocacy work at the state and national levels. These are areas we will likely try to explore in more detail in the coming year.

1. Do you generally feel that you can provide high quality care under managed care systems?

60.7% = Disagree + Somewhat Disagree
8.7% = No Feeling
30.7% = Agree + Strongly Agree

2. Do you feel comfortable with the concept of providing "medically necessary" care?

54.1% = Disagree + Somewhat Disagree
13.4% = No Feeling
32.6% = Agree + Strongly Agree

3. If care was paid per episode of illness, rather than fee-for service, do you feel you could adapt?

73.1% = Disagree + Somewhat Disagree
9.4% = No Feeling
17.5% = Agree + Strongly Agree

Thanks again for all who participated and Happy New Year.

Remember, that all are welcome at the Managed Care Committee Meetings, which occur on the third Tuesday of the month (from 7-9 PM; dinner served!) at the MPS office in Wellesley. Check the MPS website for details or contact me at gregorygharris@sprynet.com

APA: 2012 Election - Voting and Candidate Websites

Voting for the **2012 Election** will begin on **January 3, 2012** when electronic ballots will be emailed to eligible voting APA members with valid email addresses on file. Eligible voters without a valid email address on file will be mailed a paper ballot which should arrive within about a week depending on where it is being sent. There will be instructions to vote online on the paper ballot and voters will also be able to vote through the APA website by logging in as a member eligible to vote.

The deadline for all ballots is **January 31, 2012 at 5pm (EST)**. If you do not receive an electronic or paper ballot, please visit the APA website to login and vote or send a message to election@psych.org to request a ballot be sent to you electronically.

Please note that this is a shortened election cycle, so the dates are different than in the past. Eligible voters will be sent a reminder email every week until the deadline reminding them to vote unless they have already done so.

Feel free to visit the Election webpage of the APA website for the slate of candidates and access to candidate websites. Results of the election will be posted by the end of February/ beginning of March. Any questions and comments should be forwarded to election@psych.org.

EVENTS

Stay up to date on MPS educational offerings at www.psychiatry-mps.org

2012 Risk Avoidance & Risk Management Update ****NEW DATE & LOCATION****

The 2012 MPS Risk Avoidance & Risk Management Update will be held on **Saturday, March 31, 2012** from 8:30am – 3:30pm at the **Crowne Plaza Hotel in Natick MA** (1360 Worcester Street, Route 9 Eastbound).

Complete program details and registration info will be available in late January.

MPS & ARC Disaster Training Course Saturday, March 3, 2012

MPS & the American Red Cross will collaborate again to offer a Disaster Training Course on March 3rd at 8am at the Shriners Burn Hospital in Boston, MA. Registration details will be available in January.

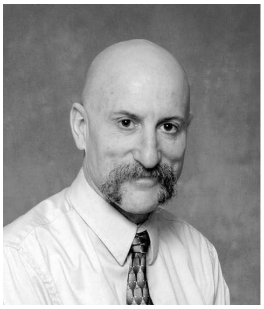
Facebook, Apps and Psychiatry: What All Clinicians Need to Know About Practicing Medicine in the Digital Age Thursday, January 12, 2012

The College Mental Health Committee will offer a dinner program on January 12th at 7pm at the MPS office in Wellesley. Dr. Tristan Gorrindo will present on the medical professionalism aspect of social networks (i.e., what to do if a patient "friend requests" you, how to manage email and texts with patients, cleaning up your digital reputation, general trends in technology use of both patients and providers).
To register for this program, please visit our website at www.psychiatry-mps.org and click the Events Tab or you may register by phone at 781-237-8100, x210.

SAVE THE DATES

- **January 12, 2012** — Facebook, Apps and Psychiatry: What All Clinicians Need to Know About Practicing Medicine in the Digital Age
- **January 26, 2012** — MPS Advocacy Training Evening at the MMS, Waltham, MA
- **March 3, 2012** — MPS & ARC Disaster Training Course at Shriners Burn Hospital, Boston MA
- **March 31, 2012** — Risk Management Update at the **Crowne Plaza Hotel, Natick MA**
- **May 1, 2012** — MPS Annual Meeting at the Embassy Suites (formally Doubletree Guest Suites), Waltham

Jeffrey Geller, MD, MPH
Running for the APA office of Area 1 Trustee



Jeffrey Geller, MD, MPH, a longstanding MPS member is running for the APA office of Area 1 Trustee. A description of his experience and service to the APA and Massachusetts follow.

Professor/Director, Public Sector Psychiatry, University of Massachusetts Medical School, 1986- . College: Williams. Residency and Fellowship: Beth Israel Hospital/Harvard Medical School. APA Service: Board of Trustees, 2006-2010; APA Vice Chair, Board Ad Hoc Work Group on Financial Relationships between APA and the Pharmaceutical Industry, 2008- 2009. Assembly, including Massachusetts Representative and Area 1 Representative, 1993-2005. APA Components, 1983- . *Psychiatric Services* Editorships (including editorial board, book review, and personal accounts column), 1992- . Current boards: Genesis Club (Worcester); American Association of Community Psychiatrists, World Federation for Mental Health. APA Awards: van Ameringen, 2003; Ron Shellow, 2006. Massachusetts Awards: Outstanding Psychiatrist Award for Public Sector, Massachusetts Psychiatric Society, Rothstein Award, Massachusetts Alliance on Mental Illness, President's Award for Public Service, University of Massachusetts. International work: including Albania, China, sub-Saharan Africa, Romania and Eastern Europe. Current work: psychotherapy; psychopharmacology; teach and mentor members-in-training/early career psychiatrists; forensics; research; consultations nationwide; and administration. Has lived in Massachusetts in Brookline, Hatfield, Holden, Northampton, Williamstown, Worcester.

Website: http://www.jeffreygellermd.info/index.html

Wishing a Happy and Healthy New Year to you all!!

Congratulations to
New APA Distinguished Fellows and Fellows

The following members were approved for Fellow and Distinguished Fellow Status:

Distinguished Fellow:

- Danny J Carlat M.D.
- M Cornelia Cremens M.D.
- Gregory G Harris MD MPH
- James J Levitt MD
- Fabian M Saleh M.D.

Fellow:

- Albert S Yeung M.D.
- Alvaro Benito Lopez M.D.
- Anne Supple Gurian M.D.
- Bernard Michael Edelstein M.D.
- Catherine Conley Lanteri MD
- David Mischoulon M.D. Ph.D.
- Edith May Jolin M.D.
- Ellen Melissa Cohen M.D.
- Ellen Minkoff Pashall MD
- Florina Haimovici M.D.
- Grace Chang MD MPH
- James S Dalsimer M.D.
- Jess Morris MD
- Joan Warrenski M.D.
- Katherine Ann Lapierre M.D.
- Manuel N Pacheco MD
- Mark Richard Thall M.D.
- Marsha Tracy M.D.
- Miriam D Mazor M.D.
- Nitigna Vikas Desai M.D.
- Paul E Noroian M.D.
- Rahim Shafa M.D.
- Ricardo M Vela M.D.
- Shahira Halim Felous M.D.
- Stanley M Cole M.D.
- Stephen Judah Wieder M.D.
- Steven Edward Gelda M.D.
- Theresa R Cerulli M.D.

NEWS FROM THE APA

APA Sends Action Alert to Members Urging them to Contact Congress to Repeal Broken SGR

The Joint Select Committee on Deficit Reduction (i.e. the Supercommittee) represented a viable vehicle for repealing the flawed SGR formula. However, the Supercommittee's disappointing failure to agree upon a bipartisan deficit reduction package has made it urgently necessary for Congress to address the SGR before the end of the year. Failure to repeal the SGR or, at a bare minimum, take action to avoid the anticipated 27% payment cut will critically handicap the ability of physicians to treat Medicare beneficiaries. At present, physician payment rates under Medicare are scheduled to be cut by 27% on January 1, 2012.

In December 2009, the Congressional Budget Office scored the cost of an SGR fix at $210 billion. Nearly 18 months later, the score for long-term reform has increased to an estimated $300 billion. Further delaying SGR reform will only increase the cost, and make permanent reform much more difficult. If Congress were to wait until 2016 to eliminate the SGR, the combined score for providing temporary patches through 2016, and then eliminating the SGR, would approach $600 billion.

The APA has sent out an Action Alert to its members urging them to please contact Congress in repealing the SGR NOW.

Applications Sought for Child, Adolescent Fellowship

Psychiatry residents interested in pursuing a career in child and adolescent psychiatry are invited to apply for APA's Child and Adolescent Psychiatry Fellowship. The program provides mentorship by senior child and adolescent psychiatrists and funding to participate in a wide array of sessions on child and adolescent psychiatry at APA's 2012 and 2013 annual meetings. The deadline for applications is January 12.

Conflicting Minds Act Out on Screen

A new film opening across the nation will take you back to the early days of psychoanalysis. "A Dangerous Method" digs into the rocky relationship between fledgling psychiatrist Carl Jung and his mentor, Sigmund Freud. The film revolves around Jung, played by Michael Fassbender, and his troubled yet brilliant patient Sabina Spielrein, portrayed by Keira Knightly. Jung decides to try Freud's "talking cure," or psychoanalysis, on Spielrein. What starts as a strictly doctor-patient relationship develops into much more and tests the boundaries of Jung's friendship with Freud, played by actor Viggo Mortensen. "A Dangerous Method," directed by David Cronenberg, was released by Sony Pictures in New York and Los Angeles on November 23. The Washington,,D.C., opening is set for December 16 with nationwide release in the weeks that follow.

Another eFOCUS CME Survey Ready for You

Take APA's Clinical **eFOCUS** survey on alcohol dependence. Clinical eFOCUS is a continuation of the FOCUS program of lifelong learning and is approved by the ABPN as a self-assessment activity for 2 AMA PRA Category 1 credits. The survey provides an opportunity for you to share your opinion, see how others approach the same case, and learn more about patient management of alcohol dependence. Given your knowledge of alcohol dependence and the points made in the vignette, which treatment approach would you choose? Indicate your choice by clicking on the survey and then the voting buttons.

DSM-5 Online

Information on the development of the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is available at www.dsm5.org. The site includes the latest draft criteria for diagnoses which are currently being tested in the field. Publication of the DSM-5 is scheduled for May 2013. See the latest **APA Update on the Status of DSM-5**.

Disaster Psychiatry Tools

Disaster Psychiatry has an important role in emergency prevention, response and recovery. The APA works to coordinate and disseminate valuable and timely disaster psychiatry materials to those in the field working to plan for and respond to local disasters.

APA Non-Physician Scope of Practice Information Center

Scope of practice expansion remains a key issue for APA's District Branch/ State Associations (DB/SA). Twenty six states report that they expect scope of practice expansion efforts in 2012. If your DB/SA is interested in learning more about the strategies and resources needed to confront state legislative efforts by psychologists, visit the APA non-physician scope of practice information center.

Enhance your APA Membership Experience by Periodically Updating Your Account Information Online

Help us better serve you by logging into the **My Account** home page at www.psych.org to update your address information, password, and communication methods and to CHOOSE the information you want to receive by email from the American Psychiatric Association. Providing this information is optional, however, by doing so we will be able to serve you better by knowing more about your interests, preferences, and profile. To access your individual member account, login to the APA website using your APA User Name and Password and select **My Account.**

Safety and Security Issues with the Use of Social Media[1]

Social media impacts us personally and professionally on a daily basis. Most of us could not have envisioned the effect that social media has had upon us within the healthcare sector, including the field of psychiatry. In the coming years, social media use will only increase, potentially causing risk management and legal concerns within your practice. Although there is minimal caselaw of statutory regulations nationally concerning social media, it is anticipated that legal challenges will arise.

There are a multitude of issues when using social media including boundary issues, ethical issues, confidentiality issues, standard of care issues, and privacy issues. This column will address specifically safety and security of patient information with respect to the use of social media.

Social media refers to the use of web-based and mobile technologies to turn communications into an interactive dialog.[2] Social media is used to connect individuals with each other in an online format. It can take on a variety of forms including electronic mail, *Facebook*, *MySpace*, *Google+*, *LinkedIn*, *Twitter*, *YouTube*, *Skype*, *Foursquare*, blogs and on-line dating sites. The use of social media spans across all ages and all professions, including psychiatry.

A critical issue when accessing or using a social media site when communicating with and about patients, is the degree of privacy and security available within that medium. As you all know, patients are entitled to confidentiality and whichever form of social media outlet you use, it remains of the utmost importance.

The use of social media could potentially expose you to liability under HIPAA privacy laws. Consider if one of your office staff breaches HIPAA when posting information online concerning a patient. For example, your office assistant dealt with a difficult patient and later that day posts on Facebook about his/her interaction with the patient. Although you may not have interacted with the patient directly, may not have been in the office at the time and may not have observed the interaction, this posting could expose you to liability. Not only could a post like this result in a breach of privacy under HIPAA, the Federal Trade Commission could impose liability (FTC may impose liability upon businesses for statements made by their employees on social networking sites even if the company itself had no actual knowledge).[3]

There are a number of ways privacy could be breached by the use of social media. One such way is with the use of *Skype*. Since the inception of *Skype's* video conferencing in 2006, it is becoming more widely used in healthcare, including within the behavioral health sector.[4] If using *Skype* in treatment of patients, there are certainly a variety of risk management and legal issues concerning safety and security. First, how are you visualizing the patient and what safety precautions do you have in place in the event that something adverse were to occur? Further, how do you know that it is a secure connection? *Skype* claims to be secure and encrypted; however, it is impossible to verify that the algorithms are used correctly, completely and at all times. *Skype* has been found to have a number of security issues.[5]

Security issues can also occur with use of other forms of social media, including use of *Facebook* and email. One case involves a Rhode Island physician who was reprimanded by the state licensing board and her privileges were revoked due to posting information online. The physician did not include the patient's name; however, sufficient information was conveyed such that others within the community would be able to identify the patient.[6] Another case from California involves patient communication with a therapist through a work email account. The California Appeals Court found that the patient's communication with her therapist may lose protection under patient-therapist privilege when there is a transmission from a workplace device.[7] These cases involve very distinct and separate issues with different forms of social media but are examples of how issues may arise when engaging in online communication.

While this column touches upon some safety and security issues when using social media, it does not constitute an exhaustive list of issues to consider. Social media is a moving target that evolves with every click, post and blog. Engaging in the use of social media should not be entered into lightly and its impact on psychiatry is wide-reaching.

Author Profile: Kristen Lambert, JD, MSW, LICSW is the Vice President of Healthcare Risk Management for AWAC Services, a Member Company of Allied World. She leads risk management services for psychiatrists who are Allied World policy holders and has a background in litigation and clinical social work.

End Notes

1 This information is not intended to be and should not be used as a substitute for legal advice. Rather it is intended to provide general risk management information only. Legal advice should be obtained from qualified counsel to address specific facts and circumstances and to ensure compliance with applicable laws and standards of care.

2 http://en.wikipedia.org/wiki/Social_media. Social Media. September 21, 2011.

3 Overly, Michael, CSO: Security and Risk. Businesses May be Liable for Employee Statements on Social Networking Sites, says new FTC Guidelines http://blogs.csoonline.com/businesses_may_be_liable_for_employee_statements_on_social_networking_sites_says_new_ftc_guidelines

4 Hoffman, Jan. "When Your Therapist is Only a Click Away." The New York Times. September 23, 2011.

5 http://en.wikipedia.org/wiki/Skype. Skype. September 27, 2011.

6 Conaboy, Chelsea. For doctors, social media a tricky case. http://boston.com/lifestyle/health/articles/2011/04/20/for_doctors_social_media_a_tricky_case. April 20, 2011.

7 Holmes v. Petrovich Development Co., LLC, 191 Cal.App. 4th 1047 (2011).

CLASSIFIED LISTINGS — JANUARY 2012

BUSINESS SERVICES

LEGAL ADVICE
FOR PSYCHIATRISTS

Milton L. Kerstein, Esq.

Andrew L. Hyams, Esq.

Mr. Hyams, former General Counsel to the Bd. of Reg. in Medicine, and Mr. Kerstein provide legal services to psychiatrists and other health professionals in the following areas:

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NEWTON CENTER OFFICE SPACE FOR RENT: Inviting, furnished psychotherapy suite - includes private office, waiting room, clerical space and bathroom. PT/FT options. Contact Chris Gruener www.crossroads-counseling-services.com, chris.gruener@comcast.net 617-965-6552

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Call or e-mail:
Gregory G. Harris, MD, MPH 617-983-0076
gregorygharris@sprynet.com

Unique Practice Opportunity: Share office space with a multi-disciplinary group practice in Waltham, MA. Beautifully renovated building overlooking the Charles River with easy Access to Mass Pike and Rt. 128. Fitness center in building and plenty of parking. Flexible arrangement with 1-3 offices available for lease. Currently, practice has office space devoted to TMS and large group room. Opportunity for independent private practice and referrals in eclectic, integrative psychiatric practice with established group of psychiatrist, nurse practitioners, social workers, and dietitians. If interested in collaborative model with flexibility in terms, please email or call for more information.

Contact James Greenblatt, MD
781-647-0066 ext. 16 or
jgresources@gmail.com

PSYCHIATRISTS

ADVOCATES, INC. CHILD AND CORRECTIONS PSYCHIATRIST POSTIONS. Full and part-time positions are available for PSYCHIATRISTS at our sites throughout the Metro West area. Advocates Inc is a full-service, non-profit system serving individuals with psychiatric and developmental disabilities and other challenges in a strength-based, person-centered and multi-disciplinary setting. Excellent physicians are honored, and we offer a warm, friendly practice environment. Compensation is highly competitive and benefits are available for 20 hours +.

Contact in confidence Chris Gordon, MD, Medical Director at 508.628.6652 or at Chrisgordon@advocatesinc.org.

BROCKTON, MA. 40-hr position for BC/BE* psychiatrist in Joint Commission accred. CMHC with comprehensive outpatient, PACT, case management, CBFS, and 24-hour on-site emergency services. CMHC is part of MA DMH Southeastern Area. Active medical staff and Harvard-affiliated psychiatry residency training program. Responsibilities include outpatient psychiatric evaluations, psychopharm. mgmt., treatment planning, consultation to treatment teams. Compet. salary, benefits, daytime, flex schedule, no nightcall. Available 3/10. Board certification required (*can accept BE only if plan in place for board cert exams). Transitional age youth or forensic experience, and/or Spanish speaking desirable. Send CVs to Terri Harpold, MD, Brockton Multi-Service Center, 165 Quincy St., Brockton, MA 02302 or email to theresa.harpold@state.ma.us

CHILD PSYCHIATRIST TO JOIN GROUP PRACTICE IN THE METROWEST AREA. WILL CREDENTIAL WITH ALL PAYORS. CALL DR. JOSEPH SCHEMBRI AT 508-246-6493

CLASSIFIED LISTINGS — JANUARY 2012

High Point Treatment Center in Plymouth has Doctor On Call positions available to cover their 16 bed Inpatient Psychiatry Unit. The on premises job has duty hours on weeknights 7pm-6am to allow for travel from and back to Boston. The weekend shift is 24 hours. Competitive Pay. Please call Mark J. Hauser, M.D. or Martha Manfredi to discuss this opportunity at 617-969-6331, or voice mail 617-969-6350.

Cambridge Psychiatric Services

PSYCHIATRISTS: Interested in flexible hours, competitive pay rates, and a schedule that fits your needs?

Qualified psychiatrists needed to provide overnight, weekend, and holiday moonlighting coverage at area hospitals, clinics, and other psychiatric facilities.
For more information please call Jessica D'Angio at (617) 864-7452 or at jdangio@northcharles.org

"**Bay Cove Human Services** is currently looking to fill several Psychiatrist positions within the organization. We are seeking MD with specialty in psychiatry, Board Certified. Please visit our website @ baycove.org to review these specific positions along with our other opportunities."

High Point Treatment Center is seeking a full time / part time Outpatient / Inpatient Psychiatrist located in Southeastern Massachusetts. No weekends. Paid holidays and leave time. Health benefits available.

If interested in either opening, please contact Jim Horvath at 508-408-6155 or email to jim.horvath@hptc.org.

Brookline Community Mental Health Center, a dynamic mental health center with a strong commitment to innovation, collaboration, and training seeks an adult psychiatrist 15+ hours/week for psychopharm. evaluations and treatment, with some opportunity for consultation and teaching.
Please email resumes to: Henry White, MD, Clinical Director, BCMHC, 41 Garrison Rd., Brookline, MA 02445. 617-277-8107; henrywhite@brooklinecenter.org
EOE

THE DEADLINE FOR THE FEBRUARY 2012 MPS NEWSLETTER IS JANUARY 16, 2011. FOR ADDITIONAL ADVERTISING INFORMATION, PLEASE CONTACT THE MPS OFFICE AT: (781) 237-8100 OR MPS@PSYCHIATRY-MPS.ORG

CAMBRIDGE: Adult Psychiatry

Weekend Moonlighting Psychiatrist Positions available at Cambridge Health Alliance: Lucrative and flexible opportunities available for attending psychiatrists to provide weekend/holiday coverage of inpatient units at our Whidden Memorial Hospital campus.

Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply. CV & letter to Susan Lewis, Department of Psychiatry, 1493 Cambridge Street, Cambridge, MA; Fax: 617-665-1204. Email preferred: SLewis@challiance.org.

Lucrative Moonlighting Opportunities available at many Massachusetts Hospitals. Variety of work available including weekend rounding, on call by beeper, in hospital overnight and attending vacation coverage. More information at moon.competenceu.com, or call Martha Manfredi or Mark J. Hauser, M.D. at On-Site Psychiatric Services, Inc. 617-969-6331, or voice mail 617-969-6350.

30-40 mile Highway commute from Boston- The Figman Psychiatric Group is a for profit psychiatric clinic in Raynham, Ma, near routes 24,95, and 495. We consist of a psychiatrist/psychoanalyst, psychiatric nurse practitioner, and three psychotherapists. We seek a fee-for-service MD for psychopharmacology one or two days a week. Average daily income is between $1200-$1400. Call Dr. Robert Figman @ 617-201-8935.

BC Psychiatrist: VA Medical Center in Manchester, NH has an opening for a full-time psychiatrist; responsibilities include psychiatric evaluation and treatment in an embedded MH clinic within Primary Care developing treatment plans and initiating mental health and substance abuse services and consulting with multi-disciplinary teams. Buprenorphine waiver preferred but not required, as training can be provided. APPLY online http://www.usajobs.gov/GetJob/ViewDetails/304572900 OR contact Nick Tiberio (603)624-4366 x6047.

DEPARTMENT OF PSYCHIATRY – MASSACHUSETTS GENERAL HOSPITAL – HARVARD MEDICAL SCHOOL – PSYCHIATRY ATTENDING POSITIONS

The MGH Department of Psychiatry is recruiting for an Inpatient Attending on our 24 bed Medical Psychiatry Unit. Additional opportunities may exist in other areas, including Emergency Psychiatry, Urgent Care and Geriatric Psychiatry. Rated the #1 psychiatry department by US News and World Report for 16 years, the Department is comprised of a staff of approximately 600 professional appointees committed to excellence in clinical care, teaching, research and community service. Candidates should be: a) board certified/board eligible in Psychiatry with expertise in the care of patients with psychiatric disorders often complicated by co-morbid medical illness; b) dedicated to excellence in the teaching of psychiatry residents, medical students and other trainees, to scholarship in psychiatry, and to clinical quality improvement; and c) qualified for an academic appointment at Harvard Medical School at the rank of Instructor or above. Fellowship training in relevant areas such as consult-liaison, emergency and geriatric psychiatry as well as previous attending experience is highly desirable. Interested individuals should apply to Jonathan E. Alpert MD PhD, Associate Chief/Clinical Director (jalpert@partners.org). The Massachusetts General Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly urged to apply.

Medical Director

Hospital Practice Psychiatry, PC seeks Board Certified psychiatrist for a full time position as Medical Director at a general adult psychiatric community health center in Pocasset, MA. The Cape Cod & the Islands Community Mental Health Center is a JCAHO hospital operated by the Metro-Southeast Area of DMH. The Medical Director will supervise services in the day hospital, case management, emergency services, CBFS, and 16-bed acute inpatient unit, as well as provide direct care. Will be responsible for scheduling, compliance with required documentation, will supervise Director of the IPU. Candidate should have at least five years of post-graduate practice in the treatment of the mentally ill, three of which were in an administrative/supervisory capacity.

On call available but not required, no managed care. Contact Caitlin Schwager at Caitlin@polarishealthcare.com for more info and to apply

CLASSIFIED LISTINGS — JANUARY 2012

McLean Hospital

Inpatient Child & Adolescent Psychiatrist Position

The McLean-Franciscan Child Adolescent inpatient psychiatry unit has successfully expanded from 20 to 32 beds with the addition of a beautifully renovated 12 bed wing. The unit has wings for young children ages 3 to 12, and for adolescents ages 13 to 18. There is also a specialty track for autism spectrum and developmental disorders.

This award-winning, strength-based milieu is a teaching service of the Massachusetts General Hospital (MGH) - McLean child psychiatry residency training program. It features a classroom-based skill-building model, cognitive behavioral therapy (CBT), family and individual therapy by licensed social workers, and state of the art psychopharmacology; and applied behavior analysis for autism spectrum youngsters.

In this 32-hour per week position you will join our three current experienced child psychiatrists and a very welcoming and expert multidisciplinary team, become a member of the McLean staff, and will be proposed for a Harvard Medical School academic appointment. Salary will be commensurate with qualifications and experience. Qualified women and minority candidates are strongly encouraged to apply.

Interested candidates should apply by sending a CV and cover letter to Dr. Joseph Gold, Chief Medical Officer, McLean Hospital by email at: jgold1@partners.org (note the number one after jgold).

We look forward to hearing from you. Review of applications will begin immediately and continue until the position is filled.

McLean Hospital is an Affirmative Action/Equal Opportunity/ADA Employer

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DEPARTMENT OF PSYCHIATRY – MASSACHUSETTS GENERAL HOSPITAL (MGH) –

HARVARD MEDICAL SCHOOL – CHILD/ADOLESCENT PSYCHIATRY RESEARCH POSITION

The MGH Department of Psychiatry seeks to recruit a clinician/researcher in child and adolescent psychiatry specializing in the area of child/adolescent depression and other mood disorders inclusive of the neurobiology and treatment of such conditions. Candidates should: a) be board certified in Child and Adolescent Psychiatry; b) have a history of securing grant funding through the National Institutes of Health; c) be able to at least partially fund their salary with sponsored research; c) be dedicated to excellence in the teaching of trainees, scholarship, and clinical quality improvement; and d) qualify for an academic appointment at Harvard Medical School at the rank of Assistant Professor or above.

Rated the #1 psychiatry department by US News and World Report for 16 years, the Department is comprised of a staff of approximately 600 professional appointees committed to excellence in clinical care, teaching, research and community service. Interested individuals should send a CV and cover letter to Marge Baird, 55 Fruit Street/Bulfinch 351/Boston MA 02114. The Massachusetts General Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly urged to apply.

Adult Psychiatry- Braintree and Quincy, Massachusetts

Harvard Vanguard Medical Associates (http://www.harvardvanguard.org), an eminent and growing multispecialty, ambulatory group practice has an opening for a BC/BE part-time adult psychiatrist in our **Braintree and Quincy**, Massachusetts practice locations. Our psychiatrists work closely with their medical colleagues (internists, pediatricians and gynecologists) in addition to a multidisciplinary team of behavioral health clinicians (psychiatrists, psychologists, social workers and clinical nurse specialists) in a collaborative approach to psychiatric and behavioral health care.

Responsibilities include outpatient psychiatric evaluation, treatment planning and treatment, medication management services, participation in a multidisciplinary team, and supervision of clinical nurse specialists and trainees in our behavioral health fellowship program. Experience with Addiction Psychiatry is a plus. Our practice features a state-of-the-art electronic medical record and excellent practice supports (billing and authorization matters are all taken care of for you). We are an affiliate of Harvard Medical School where teaching opportunities and an academic appointment are available for the right candidates through the Department of Psychiatry. We offer a very competitive compensation and benefits package.

Please forward your CV to: Kelly Glynn, Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA, 02466-2275. Fax: 617-559-8255; e-mail: kelly_glynn@atriushealth.org, or call: 800-222-4606; or 617-559-8275 within Massachusetts. EOE/AA. Sorry, no J-1 visas. www.harvardvanguard.org

CLASSIFIED LISTINGS — JANUARY 2012

The University of Massachusetts Medical School seeks a board certified psychiatrist to become the first DIRECTOR OF CLINICAL AND PROFESSIONAL SERVICES of the Commonwealth's brand new, state-of-the-art WORCESTER RECOVERY CENTER AND HOSPITAL, a state-operated facility (within walking distance from the medical school) serving intermediate length of stay adult civil patients, acute forensic patients, and adolescents at hospital and residential levels of care. This important leadership position oversees administrative staff, facility admissions, all clinical personnel and the training of medical students, residents and fellows. The rank of the academic appointment with the medical school is based on prior experience. There are opportunities for research, including protected time depending on experience and goals. Excellent salary; superb benefits package. UMass has a rich history of state-university partnership and offers a nurturing environment for national and international collaboration.

Send letter of interest and resume to Jeffrey Geller, MD, MPH, Dept. of Psychiatry, UMMS,
55 Lake Ave North, Worcester, MA 01655 or
jeffrey.geller@umassmed.edu AA/EOE

WORCESTER, The University of Massachusetts Medical School, Division of Public Sector Psychiatry is seeking a psychiatrist with a career interest in Public Sector Psychiatry for a position at Worcester Recovery Center and Hospital (WRCH). WRCH, a state-of-art inpatient and rehabilitation facility to open spring 2012, is a short walk from the Medical School so research and teaching opportunities are easy to accommodate and actively encouraged. Faculty appointment at appropriate rank, competitive salary and excellent benefits.

Send letter of interest and C.V. to
Jeffrey Geller, MD, MPH, Director, Public Sector Psychiatry, UMMS,
55 Lake Avenue North, Worcester, MA 01655
email Jeffrey.Geller@umassmed.edu, or fax 508-856-3270.
UMMS is an affirmative action, equal opportunity employer.

BRIGHAM & WOMEN'S / FAULKNER HOSPITALS
DANA-FARBER CANCER INSTITUTE - WEST ROXBURY VA HOSPITAL
HARVARD MEDICAL SCHOOL

FELLOWSHIP POSITIONS IN PSYCHOSOMATIC MEDICINE

BOSTON – Available for July 2012. ACGME-Accredited. One PGY V Fellowship position available for the July '12 - June '13 academic year. This position, which offers advanced training in consultation-liaison psychiatry and psychosomatic medicine, also includes opportunities in neuropsychiatry/neurology, women's mental health, HIV/AIDS, psychooncology, burn/trauma, transplantation, emergency psychiatry, pain management, and collaborative care. Specific year-long track in psychooncology and other areas available. Unique opportunity for second funded Research year for interested candidates. Excellent supervision, research and liaison support. Fellowship positions include Harvard Medical School appointment.

For further information, please contact: **David Gitlin, M.D.,** Director, Psychosomatic Medicine Fellowship Program, Brigham & Women's Hospital, 75 Francis Street, Boston, MA 02115. Phone: 617-732-6701; Fax: 617-738-1275; Email: dgitlin@partners.org

Addiction Psychiatry Fellowship
University of Massachusetts Medical School, Worcester, MA
Positions available July 2012

The UMass Addiction Fellowship in collaboration with the Bedford Veterans Center for Addiction Treatment (VCAT) has positions available for fellows to start on July 1, 2012. This fellowship program has affiliations with different private, public and federal sectors such as Adcare Hospital, Spectrum Health Systems, Community Healthlink and Bedford VA Hospital, that not only offers the fellow exposure to patients with a broad range of substance use disorders, but also prepares the fellow to be competent to succeed in highly demanding settings.
Interested candidates should submit cover letter, personal statement, curriculum vitae, three letters of reference (including program director) with application. Visit the website for an application:
http://www.umassmed.edu/uploadedFiles/addictions%20fellowship%20application.pdf

Contact: Gerardo Gonzalez, MD, Director of Addiction Psychiatry Fellowship Program,
508-856-6480, email gerardo.gonzalez@umassmed.edu, fax 508-856-5000 AA/EOE

CLASSIFIED LISTINGS — JANUARY 2012

Harvard Vanguard Medical Associates
Atrius Health

Pain Medicine Psychiatrist

Harvard Vanguard Medical Associates, with locations in Boston and surrounding suburbs, has an opportunity for a full-time Pain Medicine Psychiatrist. This is a great opportunity to practice in a collegial and professionally supportive environment. Interested candidates should have strong skills in addictive medicine, pain medicine, and psychopharmacology. Our well-established practice offers a fully integrated EMR (EpiCare), a strong referral base, and a supportive clinical and administrative infrastructure. Harvard Vanguard consistently achieves among the highest quality ratings in the state!

Harvard Vanguard is a non-profit multi-specialty physician group practice with over 625 physicians providing ambulatory healthcare care to over 460,000 patients in 20 locations. We are affiliated with Harvard Medical School and its teaching hospitals, where many of our physicians enjoy teaching and research opportunities. Harvard Vanguard is the largest affiliate of Atrius Health.

We offer competitive salaries and an excellent benefits package. Send CV to Barry Baker, Physician Recruitment, HVMA, 275 Grove Street, Suite 3-300, Newton, MA, 02466-2275. Fax: 617-559-8255, e-mail: barry_baker@atriushealth.org or call: 800-222-4606, or 617-559-8275 within MA. EOE/AA

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CITY COMPENSATION/COUNTRY LIVING!

Harrington Hospital seeks a *Part-Time or Full-Time Outpatient Child Psychiatrist* to join our psychiatric team of physicians, licensed therapists and an advanced clinical nurse specialist. We offer excellent working conditions and a supportive staff with nursing staff available for med calls and other child psychiatrists available for vacation coverage.

Harrington Hospital is a 114 bed acute care independent, community hospital located in South Central Massachusetts with clinics located in Charlton, Southbridge and Webster. We are a teaching affiliate for the University of Massachusetts and St. Elizabeth's. Our community is small, friendly, and safe with great schools, low cost of living, and beautiful countryside.

Requirements: MA license or license eligible; Board Certified or Eligible in Child and Adolescent Psychiatry

Signing bonus, flexible schedule, no call required, free parking, collegial medical staff, EMR

Contact Don Brechner, Vice President of Behavioral Health; 508-765-2233 or dbrechne@harringtonhospital.org

CAMBRIDGE: Adult Psychiatry

Position available at Cambridge Health Alliance, Harvard Medical School. We are seeking a psychiatrist to become an active member of an academic clinical department. This opportunity is a full-time position to work in both our adult inpatient psychiatry and psychiatry transition services. Clinical care is provided through a multidisciplinary team approach with psychiatrist leadership. Responsibilities include direct clinical care as well as supervision of trainees and other mental health providers.

The Department of Psychiatry at Cambridge Health Alliance is an appointing department at Harvard Medical School. Our public health commitment to improving the health of our communities, coupled with a strong academic tradition, make this an ideal opportunity for candidates interested in caring for underserved populations in a rich clinical environment. We have strong adult and child residency training programs which provide opportunities for teaching. Academic appointment, as determined by the criteria of Harvard Medical School, is available for qualified candidates.

Qualifications: BE/BC, demonstrated commitment to public sector populations, strong clinical skills, team oriented, problem solver. Interest and/or experience with dual diagnosis patients a plus. Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply. CV & letter to Susan Lewis, Department of Psychiatry, 1493 Cambridge Street, Cambridge, MA; Fax: 617-665-1204. Email preferred: SLewis@challiance.org.

Massachusetts Institute for Psychoanalysis (MIP)

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OPEN HOUSE

"Becoming a Psychoanalyst: Fantasies and Realities of Psychoanalytic Training and Practice"

Please join candidates, faculty, and members in a lively discussion about psychoanalytic training.

Wed. Feb. 1, 2012 ** 7:30 to 10:00 p.m.

The Inn at Harvard ** 1201 Mass. Ave., Cambridge

For further information:
reachmip@gmail.com ** www.mipsa.org **
T: 617-232-2777

CLINICAL/ACADEMIC OPPORTUNITIES AVAILABLE IN THE DEPARTMENT OF PSYCHIATRY AT UMASS MEMORIAL MEDICAL CENTER/UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

The Department of Psychiatry at UMass Memorial Health Care is currently accepting inquiries from physicians/psychologists interested in exploring affiliated clinical/academic job opportunities. The Department has a faculty of more than 270 physicians/psychologists engaged in a variety of clinical and academic pursuits. It is the largest and most highly regarded provider of psychiatric services in Central Massachusetts. Clinical, teaching and academic opportunities are currently available at a wide variety of affiliated sites and programs. Below are brief descriptions of a few of these attractive opportunities:

BC/BE Attending Psychiatrist needed for the Adult Inpatient Psychiatric Unit at UMass Memorial Medical Center. UMMC is the academic teaching hospital and clinical partner of The University of Massachusetts Medical School. Primary duties involve direct clinical care and support of the academic mission of the Department and the Medical Center including educational responsibilities and the opportunity to participate in research. The position provides the opportunity for involvement in a full range of these activities. A faculty appointment, commensurate with experience, is also available.

BC/BE Psychiatrists needed for part to full-time opportunities in our affiliated Community Mental Health Centers in Worcester, Leominster, and other Central MA locations. Community HealthLink (CHL) is a dynamic, multi-service organization committed to providing, maintaining and restoring the dignity, well being and overall mental health of individuals and families in Central MA. It provides a wide range of services to individuals suffering from mental illness, developmental disabilities and substance abuse issues. Come work with a dedicated multidisciplinary staff and be part of our UMass faculty with opportunities for teaching and research.

BC/BE Psychiatrist needed for UMass Memorial Medical Center's Outpatient Mental Health Clinic. Candidates should have strong academic credentials and sound clinical skills, as well as interest in pursuing academic opportunities in either training or research. An academic appointment, commensurate with experience, is available.

UMass Memorial Medical Center is situated in Worcester, MA, the second largest city in New England, and an area rich in history and cultural diversity. The area offers a broad range of excellent primary and secondary schools, as well as several highly regarded colleges including Clark University, The College of the Holy Cross, and Worcester Poly Technical Institute. It also offers a variety of affordable housing options from newly renovated condominiums in town to gracious Victorian homes in more suburban locales. The area boasts numerous restaurants, theatre groups and concert venues. It offers easy access to Boston, Cape Cod, The Berkshire's, and Providence Rhode Island, all of which are less than an hour's drive away. In short, it provides a myriad of social, cultural and recreational amenities making this area a truly desirable location in which to practice and live.

To learn more about the UMass Department of Psychiatry, please visit our web site: www.umassmed.edu/psychiatry. Physicians/Psychologists interested in exploring job opportunities within the Department are encouraged to submit CVs and letters of introduction to: psychiatryrecruitment@umassmemorial.org AA/EOE

Massachusetts Psychiatric Society
40 Washington Street, Suite 201
Wellesley Hills, MA 02481

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The BSNP is nearing its 1000th meeting. Join the excitement and meet Boston-area colleagues at these superb programs.
Location: The Ether Dome at Massachusetts General Hosp. Time: 6:00 p.m. – Refreshments / 6:30 – Program begins
Jan. 19, 2012 Concussive Traumatic Encephalopathy Ann McKee, MD and Robert Stern PhD (Co-Directors of the BU Center for the Study of Traumatic Encephalopathy)
Feb. 16, 2012 Staying Humane in Medicine Dr. Samuel Shem, pen name of Dr. Steve Bergman (psychiatrist). Author of The House of God
April 12, 2012 Neuroscience and the Criminal Mind Judy Edersheim JD, MD (psychiatrist) and Bruce Price MD (Co-Directors of the MGH Center for Law, Brain, and Behavior)
May 3, 2012 What Neurologists, Psychiatrists, and Philosophers Can Learn from each other about the Mind Edward Hundert, MD (Psychiatrist and former President of Case Western Reserve Univ.)
May 31, 2012 Creativity and the Brain Kenneth Heilman, MD (Distinguished Professor, Univ. of Florida)
www.BSNP.org

MPS Calendar of Events

Ethics Committee	January 4 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Council	January 10 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Alcoholism and the Addictions Interest Group	January 11 at 6:30 PM at Boston Medical Center, Boston MA	john.renner@va.gov
Social Media in Digital Age	January 12 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Managed Care Committee	January 17 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Women's Committee	January 20 at 12:00 NOON at MPS	bdupuis@psychiatry-mps.org
Executive Committee	January 24 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Geriatric Committee	January 25 at 8:00 PM at MPS	bdupuis@psychiatry-mps.org
Advocacy Training	January 26 at 6:30 PM at **Mass Medical Society, Waltham MA**	bdupuis@psychiatry-mps.org