BROWN UNIVERSITY
GERIATRIC PSYCHIATRY
FELLOWSHIP TRAINING
PROGRAM
The goals of the Brown University Geriatric Psychiatry Fellowship Training Program are to provide an extensive clinical experience designed to equip future practitioners with all the skills needed for the practice of geriatric psychiatry, and to provide a foundation in research for future leaders in geriatric psychiatry. In the first year, the geriatric psychiatry residents develop clinical competence in handling the major problems encountered in geriatric psychiatry including depression, late-life psychosis, delirium, dementia, personality disorders, adjustment disorders and family problems. Geriatric psychiatry residents also develop specific technical skills including conducting neurological examinations, performing cognitive assessments, ordering and interpreting brain imaging studies, choosing and monitoring psychotherapeutic drug therapy, treating the frail medically ill patient, the application of psychotherapy, and the administration of other somatic therapies. The geriatric psychiatry residents become comfortable with a variety of general health care settings, including the nursing home, the acute psychiatric inpatient unit, the chronic disease hospital, the acute medical hospital, and the geriatric clinic.

In the optional second year, the geriatric psychiatry residents in the program develop further competence in dealing with clinical issues in geriatric psychiatry, but also develop a sound foundation in research and hospital administration related to geriatric psychiatry. The focus of this year revolves around an active research collaboration with a faculty member, and completion of a research project in geriatric psychiatry that can serve as a bridge into an academic career.
The first year curriculum is divided into three four-month blocks. Each day is divided into a morning and afternoon component. Below is a sample schedule.

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The second year curriculum emphasizes the skills necessary to pursue an academic career in geriatric psychiatry. Fifty percent effort is devoted to research. Clinical assignments are based on the academic and research interests of the resident.

**Seminars:** Didactic instruction is strongly emphasized with a set of seminars and weekly conferences specifically designed for the Geriatric Psychiatry Fellowship Training Program. There is a weekly geriatric psychiatry conference with invited speakers, a memory disorders case conference, a long-term care journal club, and the geriatric psychiatry residents’ seminar. The residents also attend monthly neuroradiology rounds and departmental grand rounds. During block B residents participate in neurology grand rounds, neuropathology grand rounds, and neurosurgery conference. In the second year, there are weekly research seminars. All geriatric psychiatry residents are encouraged and provided with funds to attend the annual meeting of the American Association of Geriatric Psychiatry (AAGP).

**Geriatric Inpatient Psychiatry:** The geriatric inpatient psychiatry rotation exposes the geriatric psychiatry residents to a full spectrum of acute psychiatric disorders ranging from the dementias to mood disorders and psychoses that cannot be managed in less intensive settings. In addition, the inpatient rotation offers exposure to neurological and neuropsychiatric problems, as well as to patients who have complicated comorbid medical conditions that interact with their mental status. During this rotation residents become proficient in individual psychotherapy, family intervention, milieu therapy, behavioral modification techniques, pharmacological treatments, as well as electroconvulsive therapy.

**Geriatric Outpatient Psychiatry:** Most geriatric patients do not have their psychiatric disorders managed in inpatient settings. In order to gain an appreciation for the broader spectrum of emotional disorders encountered in the geriatric population, a year long longitudinal outpatient geriatric psychiatry experience is required. The geriatric outpatient psychiatry clinic offers residents an opportunity to do psychopharmacological and psychotherapeutic management of a broad spectrum of psychiatric disorders. Family intervention and group therapy are emphasized along with psychopharmacological treatments.

**Geriatric Medicine:** The geriatric medicine rotation provides an opportunity for the geriatric psychiatry residents to become more proficient in gaining an understanding of the role of medical conditions and their effect on mental state. Geriatric psychiatry residents are exposed to a full spectrum of medical conditions and neurological disorders, such as dementia, stroke, cardiovascular disease, cancer, heart disease, and diabetes mellitus.

**Movement Disorders:** Residents are exposed to a wide variety of movement disorders and their relationship to their behavioral presentations, including in patients with Parkinson’s Disease and dementia.

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Providence, Rhode Island
Neuromodulation: In this rotation the resident learns about non-pharmacological somatic treatments including vagus nerve stimulation (VNS), transcranial magnetic stimulation (TMS), and electroconvulsive therapy (ECT). The resident may also learn about experimental treatments in ongoing clinical trials.

Neuroradiology: Neuroimaging procedures are frequently used in geriatric psychiatry; therefore, exposure to radiological and nuclear medicine techniques used in assessing patients is essential. The neuroimaging rotation is geared toward providing the resident with an understanding of when and why neuroimaging studies should be ordered and for which suspected diagnoses. This rotation serves as an introduction to the skills involved in reading CT, MRI, and SPECT scans.

Geriatric Consult Liaison: The geriatric consult liaison rotation broadens residents with perspectives on the interface between medicine and psychiatry in the aged individual. This rotation focuses on the management of psychiatric problems in the acutely medically ill. Residents have an opportunity to diagnose and treat acute psychiatric problems that may be secondary to the medical disorder or manage ongoing psychiatric illnesses in the acutely medically ill. This rotation offers an opportunity for the residents to gain an appreciation for the problems the elderly encounter in the general medical hospital.

Home Care: Home care is a growing area in geriatric psychiatry, thereby making an appreciation for the house call an important experience. This rotation exposes residents to the services received by patients within their home, by visiting nurses and home health workers, and offers the residents an opportunity to conduct house calls and to appreciate the difference that seeing a patient in their own environment may make.

Geriatric Addictions: Addictions are often ignored among the aged population. The use of alcohol and other substances, however, remain prevalent. The geriatric addictions rotation exposes geriatric psychiatry residents to the complications resulting from addictions that occur with age and the management of these conditions in the elderly.

Neuropsychology: In this rotation residents learn about neuropsychology assessments. They will learn about the different assessment batteries that are available, how they are administered, interpretation of results and when to order them.

Nursing Home Psychiatry: The goal of the nursing home experience is to provide geriatric psychiatry residents with an opportunity to learn how to manage patients outside of the traditional hospital environment. Geriatric psychiatry residents are exposed to a broad range of psychiatric conditions and their consequences including anxiety disorders, bipolar disorders, schizophrenia, and substance abuse, in addition to the dementias. Residents gain exposure to pharmacological management, learn to liaison with nursing staff and provide in-service training.

Memory Disorders: The goal of the memory disorders program is to acquaint geriatric psychiatry residents with the diagnostic evaluation and differential diagnosis, as well as the impact on the patient and family of the various dementias. Residents are trained in and develop an appreciation for the strengths and limitations of neuropsychological assessment techniques. Residents have an opportunity to use established and experimental treatments to enhance memory and prevent dementia.

Behavioral Neurology: By working with behavioral neurologists, residents have an opportunity to see how geriatric patients who are on the borderline of psychiatry and neurology are managed. This rotation gives the residents an introduction to geriatric neuropsychiatry.

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The Brown University Geriatric Psychiatry Fellowship Training Program is a Brown University program taking advantage of the outstanding clinical and research opportunities available at the affiliated academic health care institutions.

Butler Hospital

Butler Hospital is a 120 bed private non-profit psychiatric hospital. It was established in 1844 as the first hospital in Rhode Island. Its first superintendent, Dr. Isaac Ray, was a founder of the American Psychiatric Association and two of his successors served as presidents of that organization. The hospital has 20 beds devoted to geriatric psychiatry. Diagnoses of these patients are wide ranging, including dementia, affective disorders, substance abuse and psychosis. Butler Hospital has a number of programs specifically designed for senior care. These include a partial hospital program, a senior substance abuse program, a movement disorders clinic, a home care program, a memory disorders program, neuropsychology services, and state of the art neuromodulation therapies.

Providence Veteran’s Administration Medical Center is a 110 bed general medical, surgical and psychiatric inpatient and outpatient facility. The VAMC treats a majority male population over the age of 20, of varied ethnic and socioeconomic backgrounds. The VA has a 20 bed acute inpatient psychiatric unit and an outpatient psychiatric clinic. Geriatric outpatient psychiatric services are available that focus on issues specific to the elderly veteran. The VAMC also has a geriatric medicine clinic.

Miriam Hospital, chartered in 1907 by a group of Rhode Island women, is a community medical-surgical hospital. The Department of Psychiatry operates an active consultation service with 60-70 inpatient consultations per month. The hospital has an academic nursing home service. The geriatric psychiatry outpatient program is based at the Miriam Hospital. During the outpatient rotation medical students frequently rotate and are supervised by the resident.

Rhode Island Hospital is a 719 bed general medical hospital which serves as a major teaching center for the Brown University Medical School. The adult psychiatry division includes a 12 bed geriatric psychiatry inpatient unit. The departments of neurology, neuroradiology, and neuropathology all participate in the training program.

Quantitative MRI showing areas of high signal related to small artery disease in geriatric depression
RESEARCH
Research opportunities in geriatric psychiatry are available in all the Brown University affiliated hospitals, as well as on the campus of Brown University. The Center for Gerontology and Health Care Research is a valuable resource for those pursuing academic careers. A premier neuropsychology training program adds to the breadth of investigative opportunities. The multidisciplinary Brown University Geriatric Neuropsychiatry Research and Treatment Program has created an atmosphere of interdepartmental cooperation and collaboration in addressing the neurobehavioral problems of the aged population. The Brown University Brain Science Program has created new research opportunities by integrating the basic and clinical sciences. Clinical research in memory loss, behavioral problems in dementia, late-life depression, movement disorders, stroke, assessment of executive function in aging, quantitative neuroimaging, and neuroendocrinology and behavior have been conducted at Brown University. Opportunities in basic science research are available in Alzheimer’s disease, cognitive neuroscience in aging, and epidemiology of late-life psychiatric disorders. In addition, the faculty have been involved in research on health policy, on care for patients in extended facilities and home care. The impact of cognitive dysfunction and late-life depression on activities of daily living, the ethical dimensions of neuropsychiatric syndromes, and quality of life in aging are areas of active investigational inquiry at Brown University.

APPLICATION PROCEDURES
Applicants for the program must have completed or be PGY-IV residents in an ACGME approved residency program in psychiatry. Applicants also must be graduates of an ACGME approved medical school in the United States or Canada. Graduates of foreign medical schools must meet current federal regulations concerning post-graduate education of foreign trained physicians. Applicants must be eligible for a limited license to practice medicine in Rhode Island.

Candidates are requested to complete the Application for Brown University Geriatric Psychiatry Fellowship Training Program, provide a curriculum vitae, and a personal statement. Applicants should arrange for three letters of reference, in addition to one from their general psychiatry residency training director. A notarized letter or transcript from the dean of their medical school as evidence of graduation, and notarized proof of USA citizenship or visa status is required. Copies of the following are also necessary: current malpractice insurance, medical licenses including limited licences, controlled substance licences, and ECFMG or FLEX certificates.

Candidates are encouraged to submit applications early in their last year of psychiatry training. A full day visit to the department will be arranged for applicants who meet initial screening criteria.

As there is no National Residency Matching Program for geriatric psychiatry, the selection committee meets periodically beginning in October to begin considering candidates. The Brown University Geriatric Psychiatry Fellowship Training Program does not provide notification of acceptance without a formal committee vote, in keeping with our philosophy of creating a fair and thoughtful selection process.

For more information call or write to:
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Geriatric Psychiatry Fellowship Training Program
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Providence, RI 02906
TEL: (401) 455-6421
FAX: (401) 455-6566
After decades of practice in Maine where his caseload of aging patients was rising steadily, Dr. William Bogan Brooks, a psychiatrist, decided he needed to know more. He entered a one-year fellowship program in geriatric psychiatry at Brown University in Providence, R.I.

“Older people have more health problems, but they are also dealing with losses of loved ones and cognitive disorders,” he said. Along with another doctor, he made home visits in the Boston area as part of a team to give patients health assessments. But it was not an easy year, Dr. Brooks recalled. Now in Alabama after completing the program last summer, he said: “I had to do some moonlighting at a local hospital. Taking the year was a financial hit, but I learned so much.”