

JERRY M. WIENER RESIDENT MEMBER COLUMN

# Triple What? Three Triple Board Trainees Talk about Their Training

*The combined training program in pediatrics, psychiatry, and child and adolescent psychiatry was developed primarily to address the shortage of child and adolescent psychiatrists, with goals of attracting medical students with a strong interest in pediatrics...*

■ **Elizabeth Lowenhaupt, M.D.;**  
**Gary Maslow, M.D.;** **Emily Grossell,**  
**M.D.;** and **Andrea Kelly O'Leary, M.D.**

*In this edition's Jerry M. Wiener Resident Member column, we hear from several "Triple-boarders" from combined programs in pediatrics, psychiatry, and child and adolescent psychiatry about their unique and comprehensive training.*

**Daniel Lafleur, M.D.**

*Jerry M. Wiener Resident Member of AACAP Council*



**Elizabeth Lowenhaupt, M.D.**

Why would anyone want to train in three different specialties? The more than 170 physicians who

have completed the Triple Board training since 1986 are accustomed to answering this question for mentors, colleagues, and residency applicants. The combined training program in pediatrics, psychiatry, and child and adolescent psychiatry was developed primarily to address the shortage of child and adolescent psychiatrists, with

goals of attracting medical students with a strong interest in pediatrics into the field of child and adolescent psychiatry and strengthening the collaboration between the two disciplines.

The ten active programs (Brown, Cincinnati, Hawai'i, Indiana, Kentucky, Mt. Sinai, Pittsburgh, Tufts, Tulane, and Utah) accept a total of 21 residents annually for the five-year residency program. Residents complete 24 months of pediatrics, 18 months of general psychiatry, and 18 months of child and adolescent psychiatry. Triple Board graduates pursue a wide range of career choices, with the majority practicing primarily as child and adolescent psychiatrists, and approximately a third choosing to obtain additional training after residency. Although the most commonly chosen paths for additional training include subspecialty child psychiatry, public health/epidemiology, and infant psychiatry, graduates also have pursued training in fields related to pediatrics and child psychiatry, both in medicine and in other disciplines.

As the programs have evolved, curriculum development has trended toward increased integration between the specialties. Some programs continue with an essentially sequential approach to the multidisciplinary training, while others follow a more integrated schedule. It remains to be seen whether one

approach is superior to another in terms of professional outcomes. Several current Triple Board residents have shared their thoughts on training, educational choices, and plans for making a difference in the care of children and families. ■

*Dr. Lowenhaupt graduated from the Brown University/Rhode Island Hospital Triple Board Residency Program in 2007 and now serves as its associate training director, and for the Child and Adolescent Psychiatry Fellowship. She is also a clinical assistant professor at the Brown Alpert Medical School, and the medical director and child and adolescent psychiatrist at Harmony Hill School, Inc., a residential treatment facility for boys with behavioral disorders.*



**Gary Maslow, M.D.**

*(PGY-5, Brown University)*

Rotating with the palliative care team at a children's hospital near the end of my fifth

year as a Triple Board resident, I take this opportunity to reflect upon my training experience. The sequential Brown curriculum starts with 18 months of pediatrics, followed by 18 months of general psychiatry, and, finally, two years consisting of 18 months of child psychiatry and six months of pediatrics. This additive learning experience has provided me with the confidence to begin my career.

During the initial months of pediatrics, by learning about normal development and seeing hundreds of children, I discovered my role as a doctor and the responsibility for my patients. This understanding, in addition to the medical knowledge and skills gained from the busy wards, ICU's, and clinics, significantly enhanced my training experience. Shifting from family-centered pediatric care to working with adults presented a challenge, but my comfort

as a resident served me well. During the eight-month block of outpatient psychiatry, my adult patients came to see me in my own office. As their doctor, I continued to build upon the competencies I had learned in pediatrics.

The cumulative experience of seeing so many children, both sick and well, followed by adults with a wide range of psychopathology created a powerfully balanced foundation for my child and adolescent psychiatry rotations. I felt comfortable working with children and putting their presentation into a developmental context, as well as skilled at interacting with parents.

There are several longitudinal, integrated components of the Brown curriculum. We see children in our weekly pediatric continuity clinic for five years and we treat outpatient adult psychiatry patients for three. Most important, we have a weekly Triple Board lunch, and a monthly Triple Board psychosocial teaching afternoon. These shared experiences create a strong, close-knit learning community.

My current elective with the palliative care team of pediatricians and psychosocial clinicians this month has allowed me to consolidate and synthesize my training. I have a patient with an incurable brain tumor. I spend time discussing symptoms management with the pediatric team. I meet with her parents, supporting them as they cope with anxiety, sadness, and grief. Finally, I help the child process this experience by drawing with her like Winnicott and Robert Coles. My training at Brown's Triple Board Program has been sequential, but it is all coming together now at the end. ■

*Dr. Maslow is a fifth-year triple board resident at Brown University, interested in the psychosocial care of children with chronic physical illness. Following graduation in June 2009, Gary will be a primary care research fellow at the University of North Carolina and working clinically with children with chronic illness through Duke Pediatrics.*



**Emily Grossell, M.D.**

*(PGY-4, University of Utah)*

In medical school, I envisioned practicing medicine in an integrated fashion, taking into account and valuing the mental, physical, and social aspects of patients' lives. Drawn to pediatrics, but dissatisfied with seven to ten minute office visits and the paucity of mental health training, I was ecstatic when my medical school dean told me about the Triple Board residency. When considering the different programs, the concept of a dynamic flux between mental and physical health drew me to the University of Utah's integrated curriculum. Although challenging, switching between pediatrics and psychiatry every six to 12 months has reinforced the integrated approach to patient care which I intend to develop throughout my career.

Now approaching my fifth and final year of training, I remain certain of the path I have chosen. I have increasingly noticed how my training affects my approach to medicine in just the way I had envisioned. In the pediatric emergency department, I feel a heightened awareness of the family dynamics, the social environment, and the emotional states that accompany the child who presents with a facial laceration, respiratory distress, or abdominal pain. When caring for the medically complex child on the inpatient psychiatry unit, I evaluate how the medical history and development of the child impact both the patient and family. I may choose to serve my community as a mental health provider within a pediatrics clinic, a pediatrician with a mental health focus, or a provider in a comprehensive child health care center. Regardless of my path, my training in an integrated Triple Board program has prepared me to address the physical, emotional, and social needs of my patients and families. ■

*Dr. Grossell is about to complete her fourth year of residency with the University of Utah Triple Board Program from which she will graduate in June 2010. She is also a member of the AACAP Work Group on Training and Education. Her interests include working with Latino communities, pre-school mental health, and alternative health treatment modalities such as yoga and wilderness treatment programs.*



**Andrea O'Leary, M.D.**

*(PGY-5, Tulane University)*

When I started training in Tulane's inaugural Triple Board class in 2004, I knew I would need to embrace flexibility, but never could have predicted the course my training would take. I decided to pursue training at this appealing site that offered experience working at Charity Hospital and with the people of New Orleans, and I found the challenges and difficulties inherent to navigating a new program both exciting and intimidating. From the whirlwind, two-day interview in three different departments to the perpetual perplexed queries by the people I encountered during training, I thrived in my role and loved explaining the Triple Board program to residents, attendings, and patients. I would jokingly include "surgery" as part of the explanation. Pediatric colleagues approached me for advice on mental health issues.

In August of 2005, while I was working in a pediatric intensive care unit, Katrina struck New Orleans. Our team practiced disaster medicine for a week, working with minimal power, delayed labs, and deteriorating patients. Although I now consider psychiatry my primary profession, that experience solidified my connection to pediatrics. When I was the only Triple Board resident who chose to remain in New Orleans after the hurricane, I worried about the ability of Tulane to sustain our new program. Fortunately, the departments remained

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committed to the combined training, and the Triple Board residents who followed have been a notoriously quirky bunch, allowing us to revel in our uniqueness. This year, the program's fifth, we are starting to feel like a family. I have observed my "younger" colleagues sharing similar experiences, frustrations, and joys to mine, while providing them with hard-earned advice on how to overcome obstacles along the way.

I wholeheartedly love this training program, but remain open about my reservations, especially when talking with applicants. It is an arduous track, but one that is extremely worthwhile. Although I plan to practice as a child and adolescent psychiatrist, I continue to use my pediatrics training daily. To answer the question frequently asked by

medical student applicants, "Yes, given the opportunity, I would do the Triple Board Program at Tulane again." ■

*Dr. O'Leary is a fifth-year triple board resident at Tulane University in New Orleans, LA. As a witness to the events of Hurricane Katrina, she is dedicated to providing quality care to the indigent families of New Orleans. She will graduate in January of 2010.*

*For additional information about the Triple Board residency training programs, please visit [www.tripleboard.org](http://www.tripleboard.org) or contact Stacia Fleisher, M.P.P., (AACAP Director of Research, Training, and Education, 202.966.7300, [sfleisher@aacap.org](mailto:sfleisher@aacap.org)) or **Mary Margaret Gleason, M.D.** (NAPPCAP president, [mgleason@tulane.edu](mailto:mgleason@tulane.edu)).*

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# Call for AACAP Members' Suggestions for Maintenance of Certification Module 7

In 2004, the AACAP began a program of lifelong learning and self-assessment to assist members with their recertification requirements. Annually, the Work Group on Lifelong Learning, co-chaired by **Sandra Sexson, M.D.**, and **Andrew Russell, M.D.**, selects and compiles 25-30 scientific papers to form a module to guide child and adolescent psychiatrists in the review of current child and adolescent literature. Each module is comprised of two sections: 1) Articles on the specified module topic; and 2) Seminal articles on new practice and research in child and adolescent psychiatry.

Module 7, expected to be released in September 2010, will include literature on Neuroscience, Pediatric and Neurologic Consultative Issues, Bereavement, Death and Dying, Deaf, Blind, Medical/Psychiatric Interface (Somatoform Disorder, Factitious Disorders, Sleep Disorders) and Updates on Relevant Topics. As part of the development of this module, the Work Group is inviting you to nominate articles. The Maintenance of Certification modules are aimed at the practicing child and adolescent psychiatrist and all articles should be relevant, well established, and state-of-the-art.

Submission criteria for articles include:

1. Does this article focus on recent advances in child and adolescent psychiatry that will facilitate the practicing child and adolescent psychiatrist staying abreast of the field?
2. Is this article/chapter relevant to routine clinical practice in child and adolescent psychiatry?
3. Does the article/chapter present established, state-of-the-art practice issues?
4. Other requirements:
  - a. Published within the last 2-3 years for module specific topics, or 1-2 years for the seminal articles
  - b. Important for all practicing child and adolescent psychiatrists

To nominate articles, please e-mail the full article reference to Kaitlin Bresnahan at [kbresnahan@aacap.org](mailto:kbresnahan@aacap.org), or fax to 202.966.5894.

The Work Group hopes that you will assist them by nominating what you consider to be relevant articles for child and adolescent psychiatrists. For further information about Maintenance of Certification, access the Web site at [www.aacap.org](http://www.aacap.org) or contact Elizabeth Hughes at 202.966.7300, ext. 106, or [ehughes@aacap.org](mailto:ehughes@aacap.org).

