



# The Child and Adolescent Psychiatry Training Program

**Stanford University School of Medicine  
Academic Year 2009-2010**

**Shashank V. Joshi, MD  
Director of Training**

—

**Michelle Goldsmith, MD  
Chief Fellow - 2009-2010**

**Wanda Mills – Training Programs Coordinator**  
Division of Child & Adolescent Psychiatry and Child Development  
Department of Psychiatry and Behavioral Sciences  
Stanford University School of Medicine  
401 Quarry Road, Room 2206 • Stanford, CA 94305-5719  
Phone: (650) 725-0957 • Fax: (650) 721-3954

**NRMP # 1820405F0**

## **Introduction:**

The **Mission of the Stanford Division of Child & Adolescent Psychiatry and Child Development** is to provide leadership in the field of child and adolescent mental health by integrating clinical practice, teaching, and research . We are dedicated to:

- Providing state-of-the-art patient care
- Training future professionals in child psychiatry and psychology
- Advancing knowledge in:
  - *Neuroscience*
  - *Understanding of pathogenesis*
  - *Interactions between biology and environment*
  - *Integrated treatment and outcomes*
  - *Prevention*

The highest priority of the Child and Adolescent Psychiatry Training Program at Stanford University is to prepare trainees for leadership roles in academic child & adolescent psychiatry, clinical practice and public service. Regardless of their career choices, we believe that all trainees must be thoroughly trained, first and foremost, as clinicians.

The Stanford training program is based on the principles of developmental psychopathology and developmental sciences. This theoretical framework views human development and its disturbances as flowing from the complex and reciprocal interactions between biology, the family, and the broader social and physical environments. It integrates information from the behavioral and social sciences, developmental psychology, neuroscience, molecular biology and human genetics, developmental biology, and epidemiology.

Fellows training at Stanford develop a professional identity as child & adolescent psychiatrists who are comfortable diagnosing and treating children, adolescents, parents, and families. They build a firm foundation in the developmental sciences, while also gaining skills in evaluation, diagnosis, and treatment. Models of collaboration with professionals in related fields are exemplified as well as formally taught. Moreover, we promote academic achievement and strongly encourage Fellows to pursue their individual goals in scientific research by providing opportunities to do so. Trainees become well-versed in many treatment modalities, including psychotherapies, pharmacotherapies, and sociotherapies. There is a strong emphasis on evidence-based treatments, with inclusion of historical and emerging approaches as well. Our approach to treatment is an integrated one, with a strong emphasis on a culturally informed, biopsychosocial model. Regardless of

modality, we teach and model the philosophy that all treatments require, first and foremost, the establishment of a strong therapeutic alliance.

The Child and Adolescent Psychiatry Training Program is centered at Lucile Salter Packard Children's Hospital at Stanford and the Department of Psychiatry & Behavioral Sciences at Stanford, with rotations through allied agencies. Our close relationship with the General Psychiatry Training Program and Department of Pediatrics is nationally regarded as a model for cooperation among the three disciplines. In addition, research programs and advanced seminars are available in other Stanford University departments, such as, the School of Education, the Department of Psychology, the School of Law, and the Carnegie Center for the Study of Adolescents. Trainees may apply for advanced Fellowship positions upon completion of training. Our program also educates medical students, pediatric, neurology and general psychiatry residents, psychologists, post-doctoral Fellows, and professional colleagues in the community through an extensive continuing medical education program.

### **The Division of Child and Adolescent Psychiatry Today**

The Division of Child and Adolescent Psychiatry is under the direction of Carl B. Feinstein, M.D., Professor of Psychiatry and Endowed Director of Child and Adolescent Psychiatry at Lucile Packard Children's Hospital at Stanford. Dr. Feinstein is responsible for overseeing the operation of the Division's research, clinical, training and administrative systems. The Division of Child & Adolescent Psychiatry and Child Development is an integral part of a consortium which includes Lucile Salter Packard Children's Hospital at Stanford, Stanford Hospital & Clinics, and Stanford University School of Medicine. Research in the Division is rich and varied, and explores psychotherapy process and outcomes, early life stress, the genetics of child psychiatric disorders, anxiety, depression, bipolar disorders, eating disorders, autism and neurodevelopmental disorders, clinical psychopharmacology trials, juvenile justice issues, and school-based research. In addition, most of the Outpatient Specialty Clinics have both clinical and research components, and include specialty clinics in Anxiety Disorders, Eating Disorders, Bipolar Disorders, Depressive Disorders, Autism and Neurodevelopmental Disorders, Neuropsychopharmacology, Early Life Stress and the General Services Clinic (focusing on ADHD and disruptive behavior disorders). The Division has five parts to its training program: A Child and Adolescent Psychiatry Fellowship (Categorical), A Community-Track Child & Adolescent Fellowship (co-sponsored by San Mateo County), an NIMH T-32 Research Fellowship, a Postdoctoral Psychology Fellowship, and a Predoctoral Psychology Internship.

Shashank V. Joshi, M.D., is Assistant Professor and Director of the Fellowship in Child & Adolescent Psychiatry and Co-Director (along with Alan K. Louie, MD) of the San Mateo County-Stanford Community Track Fellowship.

The NIMH T-32 Research Fellowship is co-directed by Joachim Hallmayer, M.D., and Allan Reiss, M.D. Other academic faculty and staff of the Division include James Lock, M.D., Ph.D., Professor and Medical Director of the Comprehensive Pediatric Unit Program at El Camino Hospital (Eating Disorders); Richard J. Shaw, M.B., B.S., Associate Professor and Medical Director, Pediatric Psychiatry Consultation-Liaison Service; Michelle Brown, Ph.D., Clinical Assistant Professor and Staff Psychologist; Betsy Corrin, Ph.D., Clinical Assistant Professor and Director, Anxiety Disorders Clinic; Victor Carrion, M.D., Associate Professor and Director, Early Life Stress Disorders Program; Kiki Chang, M.D., Associate Professor and Director, Bipolar Disorders Clinic; Antonio Hardan, M.D., Assistant Professor and Director, Autism and Neurodevelopmental Disorders Program; Kyle Hinman, M.D., Clinical Instructor; Mendy Boettcher, Ph.D., Clinical Instructor; Vinod Menon, Ph.D., Associate Professor (Research); Joachim Hallmayer, M.D., Associate Professor & Director of the Genetics of Autism Project; Frances Wren, M.D., Assistant Professor and Director, Depressive Disorders Program; Mary Sanders, Ph.D., Clinical Associate Professor; Kara Fitzpatrick, Ph.D., Clinical Instructor, and Nina Kirz, M.D., Clinical Instructor and Staff Psychiatrist at the Comprehensive Care Pediatric Unit at El Camino Hospital. Michelle Brown, Ph.D., is Co-Director of the Predoctoral Psychology Internship; and Sharon E. Williams, Ph.D., is Director of Postdoctoral Training. Allan L. Reiss, M.D. is Professor of Psychiatry, and directs the Center for Integrative Brain Sciences and the Stanford Psychiatry Neuroimaging Laboratory.

\*For separate listings of academic faculty, academic staff, core teaching staff, and specific information on clinics and trainees please visit our website, <http://childpsychiatry.stanford.edu>.

## Child and Adolescent Psychiatry at Stanford: An Historical Perspective from the Earliest Archives

The history of the first century of Child and Adolescent Psychiatry at the Stanford University School of Medicine reveals early ties to UCSF. Harold K. Faber, M.D., Emeritus Professor of Pediatrics, who had been associated with the School of Medicine since 1915, noted:

From 1907 until my arrival in 1915, the acting head of Pediatrics was R. Langley Porter, Clinical Professor of Pediatrics. The precursor of the present Child and Adolescent Psychiatry (Unit) was already established in 1915 by a psychologist named Arthur J. Ritter, whose work was largely devoted to psychometry. In 1917, Dr. Mary H. Layman joined the staff and proceeded to develop a true child and adolescent psychiatry clinic, almost entirely at her own expense, there being no University funds for the purpose at that time. It was not until 1939 that Dr. Johnson and I responded to an appeal from Dr. Layman. We interested the Commonwealth Fund in beginning, and for a period of three years supporting, an enlarged program with a full-time pediatric psychiatrist (Dr. Hale F. Shirley) and an adequate ancillary staff, which the following year and since then had been quartered in a house on Webster Street across from the medical school building. Until 1957 this Child Guidance Unit was under the joint direction of the Department of Pediatrics and the Division of Neuropsychiatry, and since that time [subsumed under] the Department of Psychiatry, but keeping its close relation to Pediatrics. (*Excerpt from The Stanford University Bulletin, Seventh Series, No. 44, July 2, 1942, Stanford University, California; School of Medicine Annual Announcement 1942-43, page 106; and Stanford University School of Medicine. The First Hundred Years, Stanford University, California.*)

## **The Division Chiefs of Child & Adolescent Psychiatry at Stanford University School of Medicine:**

1939-1963	Hale Shirley, M.D. (Acting)
1963-1966	George Hexter, M.D.
1966-1970	Hale Shirley, M.D. (Acting)
1971-1973	Alan J. Rosenthal, M.D.
1974-1976	Beatrix Hamburg, M.D. (Acting)
1977-1983	Tom Anders, M.D.
1984-1994	Roland Ciaranello, M.D.
1994-1997	Hans Steiner, M.D. (Acting)
1997-2005	Allan L. Reiss, M.D.
2005-present	Carl B. Feinstein, M.D.

### **About the Psychiatry Department**

<http://psychiatry.stanford.edu/>

The Department of Psychiatry and Behavioral Sciences at Stanford has gained considerable recognition for its investigations in psychiatry, in both clinical and basic science research. The academic faculty has a long history and continued commitment to scholarship, aimed at advancing the psychological and biological frontiers of the field. While basic science research thrives in the Department, it is well balanced in the context of an equally strong commitment to outstanding patient care and clinical research. Numerous advances in the psychological, sociological, and biological dimensions of psychiatry are attributed to leaders in the clinical areas, including behavioral medicine (anxiety and depressive disorders, eating disorders, smoking cessation, among others); individual, group and existential therapies; affective disorders; obsessive-compulsive disorders; and geropsychiatry. The appointment of Dr. Alan F. Schatzberg, an authority on the biology and treatment of depression, as Chair of the Department in 1991, marked a new era in psychiatric care and research at Stanford University Medical Center. His leadership is integral to the continued development of the basic science programs in molecular biology, genetics and pharmacology, as well as to the expansion of clinical research programs in psychotherapy research, mood disorders (including depressive disorders and bipolar illnesses), sleep research, anxiety disorders, geropsychiatry and epidemiology. Most importantly, he is a great supporter and friend of the Division of Child & Adolescent Psychiatry!

## About Stanford University Medical Center

<http://www.med.stanford.edu/medcenter/>

Stanford University School of Medicine is known throughout the world for outstanding achievements in teaching, research and patient care. It is comprised of the following facilities:

**Stanford Hospital & Clinics** (*formerly Stanford University Hospital*). The hospital is a 479-(active) bed non-profit facility offering general acute care and tertiary care for local, interstate and international patients. As a major component of the medical center, the hospital is central to the direct and immediate transfer of clinical and laboratory research to medical care. In 1997, approximately 23,765 patients (inpatient admissions) received care at Stanford. The medical staff of 1,825 physicians, and 565 interns and residents, includes full-time faculty, as well as physicians who practice in the community. Stanford nurses have earned a national reputation for the level of compassion and expert patient care they deliver. The hospital was originally co-owned by the City of Palo Alto and known as the Palo Alto Stanford Hospital Center. It was purchased by Stanford University and incorporated as Stanford University Hospital, a financially independent entity, in 1968. A major renovation was completed in 1989, and, in 1991, the Lucile Salter Packard Children's Hospital, a 156-bed facility, opened its doors, consolidating all the patient services at the existing hospital and the pediatrics department.

**Stanford Healthcare** (*formerly Stanford University Clinic*). The clinic has grown to have more than 100 specialty clinics where medical school faculty members center their practices and education.

**Lucile Salter Packard Children's Hospital.** The hospital is a non-profit, non-sectarian, freestanding 260+ bed hospital which opened to the community in June 1991. It is a state-of-the-art regional referral center devoted exclusively to the care of children. The beds are organized by age group and medical needs into the General Medical, Comprehensive Pediatric Care, Oncology/Bone Marrow Transplant, Pediatric Intensive Care, Neonatal Intensive Care, and Intermediate Care Nursery units. Additionally, the Lucile Packard Children's Hospital Ambulatory Care Center provides primary care and specialized pediatric services through more than two dozen clinics and a day hospital.

**Stanford University School of Medicine.** Originally located in San Francisco, the School of Medicine was moved to the University campus in 1959, and provides an educational environment that encourages intellectual diversity and fosters research among students and faculty. It is the oldest medical school in the Western United States. In fiscal year 1998, faculty members of the School of Medicine received grants and contracts totaling more than \$177 million in support of research, teaching and patient care. The combination of scientists pursuing basic research questions and clinicians closely involved in patient care has led to innovative and fruitful collaboration. Similarly, close ties among the Medical School and other schools and departments at Stanford University, such as Physics, Engineering, Chemistry and Computer Science have led to unique joint research programs. The Medical School's affiliated teaching hospitals and their respective staff play a crucial role in many clinical studies.

The full-time faculty includes two Nobel Laureates, 24 members of the National Academy of Sciences, and 34 members of the Institute of Medicine, as well as recipients of numerous other honors and awards.

The quality of the faculty is also reflected in the high level of federal funding which its research activities receive.

## About Stanford University

<http://www.stanford.edu/home/stanford/history/>

Stanford University is located on the San Francisco Peninsula, about a 45 minute drive southeast of San Francisco. The 8,180-acre campus stretches from Santa Clara Valley into the foothills of the Santa Cruz Mountains, beyond which lies the Pacific Ocean. Stanford was founded by Leland and Jane Stanford in 1885 as a memorial to their only child, Leland, Jr., who died of typhoid fever in 1884 at the age of fifteen. The University is on the site of the Palo Alto Stock Farm, a ranch operated by the Stanfords in the late 19<sup>th</sup> century. "The Farm," as it is still affectionately known, at one time had extensive fields, orchards, and vineyards. One of California's most prominent citizens, Leland Stanford was President of the Central Pacific Railroad and drove in the golden spike at Promontory, Utah, completing the first Trans-continental railroad. He served as Governor of California during the Civil War, and was a United States Senator until his death in 1893. The design of the University grounds was the product of a unique collaboration between Jane and Leland Stanford, and Frederick Law Olmsted, designer of New York's Central Park. The Stanfords decreed that the land could

never be sold, although they envisioned that part of it should be used for such open-land uses as the Jasper Ridge Biological Preserve. About 1,000 acres are under lease for light industrial, commercial and other income-producing uses. The University also maintains the Hopkins Marine Station in Monterey Bay and a residential program in Washington, D.C.

## The City of Palo Alto

**Location:** Palo Alto is in the northern section of Santa Clara County, 30 miles south of San Francisco and 15 miles north of San Jose. The city extends from the San Francisco Bay across flat lowlands, then climbs over the rolling, grassy flower foothills of the Santa Cruz mountain range. The flatlands are almost fully developed while the foothills are almost entirely undeveloped due to a deliberate city policy of preserving open space. Stanford borders Palo Alto and some University land is actually within the city limits.

**Climate:** Palo Alto has a temperate climate; winters are mild. The average winter high temperature is 58° with a low of 39°; the average summer high is 77° with a low of 54°.

**Population:** Palo Alto has a population of about 60,000. (June 2006).

**General:** Santa Clara County, sometimes known as Silicon Valley, is among the fastest growing and wealthiest economies in the United States, ranking as one of the nation's largest manufacturing centers. The high-technology industry that has made Santa Clara County famous has its roots in Palo Alto, partly because of its proximity to Stanford. Palo Alto, a long-time professional and financial center, with an abundance of law, accounting and investment advisory firms, has, in recent years, taken a leadership position in the biomedical research and technology industries. But, despite these developments, Palo Alto has retained its residential character and Palo Altans are proud of their thirty parks (which occupy about 20% of the land within the city limits), their architecturally diverse tree-lined neighborhoods, the excellent school system, and their city's cultural and recreational human services programs.

## The Child and Adolescent Psychiatry Training Program

### *Year I*

The first year of Child and Adolescent Psychiatry Training focuses on the evaluation and treatment of children and teens with severe mental health conditions, with a primary focus on developing competence in psychotherapy, and a secondary focus on pharmacotherapy competence. Fellows spend time working on the Consultation-Liaison (C-L) Service at Lucile Packard Children's Hospital, on an inpatient unit devoted to the treatment of eating disorders (the Comprehensive Care Pediatric Unit (CCP), and on an Intensive Outpatient (IOP) Team as both psychotherapist and pharmacotherapist; Fellows also start treatment in longer-term therapies with 2-3 patients or families.

#### **Pediatric Consultation-Liaison**

*Richard Shaw, M.B., B.S.  
Medical Director*

*Michelle Brown, Ph.D.  
Kyle Hinman, M.D.  
Shashank V. Joshi, M.D.  
Alan Rosenthal, M.D.*

The Pediatric Consultation-Liaison Service (C/L) is a fulltime 4-month rotation. The service provides inpatient and outpatient psychiatric consultation to the general pediatric and subspecialty services at Packard Children's Hospital. The service is also responsible for covering the emergency room at Stanford University Medical Center. The service is consulted on a diverse range of clinical questions related to the psychological adjustment of children and families with chronic and complex medical problems. Fellows gain experience in helping physicians and other care providers interact more effectively with their patients, in understanding the health care system and its psychological effects on children and families, and in establishing and maintaining a consultative relationship.

The services provided include:

- Psychiatric evaluation of patients and families with acute and chronic medical illness.
- Evaluation of children and adolescents who are having difficulties adhering to their medical treatment regimen.
- Evaluation and treatment of infants with feeding disorders and growth deficiency.

- Routine pre-transplant evaluation of children scheduled for renal, liver and heart transplantation.
- Individual and family psychotherapy for patients or parents identified as needing additional support during inpatient hospitalizations.
- Behavioral interventions for pain management and anxiety related to medical procedures.
- Consultation to the General Pediatric Continuity Clinic on psychiatric issues including assessment and medication management.
- Co-management of patients with child neurology Fellows in a neuropsychopharmacology clinic
- Consultation on a Mobile Health Van serving homeless youth

The patient population includes children from infancy through adolescence from a broad range of cultural and ethnic backgrounds. Fellows work with medical inpatients on the renal, oncology, pulmonary, endocrine, GI, neurology, adolescent medicine and rheumatology services. Fellows also have the opportunity to evaluate patients in the pediatric pain clinic, and to pursue research interests in several areas related to children with physical illness.

### *El Camino Hospital*

#### **Comprehensive Care Program (CCP)**

*James Lock, MD, PhD*  
*Medical Director*

*Mary Sanders, PhD*  
*Program Director*

*Nina Kirz, MD*  
*Mina Bak, MD*  
*Staff Psychiatrists*

The Comprehensive Care Program and Eating Disorder Clinic of Lucile Packard Children's Hospital is located at El Camino Hospital in Mountain View, California (about 12 miles off campus), and is a 4-month, full-time inpatient rotation. This 15-bed unit serves children and adolescents with medical diagnoses occurring in the context of a debilitating mental health condition (typically an eating disorder) severe enough to require hospitalization. It is fully staffed for intensive psychiatric care of patients with pediatric and psychiatric comorbidity.

During their CCP rotation, Fellows also have the opportunity to do outpatient psychiatric evaluations of patients being evaluated at the multidisciplinary Eating Disorders Clinic, working with pediatricians, psychologists, nutritionists, teachers, social workers, art therapists, recreation therapists, physical therapists, and occupational therapists.

On both the CCP and C/L rotations, Attending Psychiatrists and Psychologists supervise the activity of the Fellows, a clinical psychology intern, general pediatric house staff, and psychiatry residents. The CCP unit has a full complement of counseling and nursing staff. Teachers from the Palo Alto Unified School District (PAUSD) certified in special education are regular staff members and provide for the children's education.

On CCP, the patient population ranges in age from two to seventeen, from a range of cultural backgrounds. There are over 200 admissions yearly. Fellows spend most of their time working with patients with eating disorders, who are admitted for medical instability and malnutrition, in a carefully structured therapeutic milieu, working with both children and their families. They perform individual, family, and group therapy, testing, and diagnostics, in close collaboration with pediatrics, social workers, psychologists, nursing staff, and teachers. They also may get experience in disposition planning, consultation with teachers from the (PAUSD), and liaison work with community agencies and forensics.

**Conditions Treated:**

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Eating Disorders Not Otherwise Specified

**Services:**

- Comprehensive Medical and Psychiatric Evaluation
- Psychological Testing
- Individual and Family Therapy
- Nutritional evaluation and treatment
- Accredited school programming
- Occupational therapy
- Physical therapy
- Recreational therapy
- Chaplain services
- Art therapy

The Outpatient eating disorder program consists of both psychiatric and medical evaluation and treatment of adolescents with eating disorders. Comprehensive evaluations are conducted two days a week and consist of a psychiatric interview with the adolescent and parents. This is followed by a nutritional evaluation and a medical consultation. Adolescents followed by the psychologists and psychiatrist in the Outpatient Eating Disorder Program receive state of the art treatment using the best evidenced approaches for these disorders.

### ***The Intensive Outpatient Programs located at Kaiser Permanente***

Kaiser-Permanente, Santa Clara  
Child & Adolescent Psychiatry Department

*Michelle Ferrari, M.D., Chief*

Kaiser Permanente, San Jose  
Child & Adolescent Psychiatry Department

*June Reynolds, M.D., Chief*

Kaiser Permanente Northern California covers 2,800,000 members, 25% of whom are children and adolescents. The two Santa Clara county clinics are located in Santa Clara (with a satellite in Milpitas) and San Jose; together they cover a member population of 500,000. The demographic breakdown includes a diverse socioeconomic and ethnic population. The clinics evaluate patients with a broad range of psychopathology, which may include family, school and/or behavioral problems. Monthly, each clinic averages 1,500 visits for children, adolescents and their caretakers.

The Child & Adolescent Psychiatry Department provides a wide range of services to children, teens and their families. The professional staff is multidisciplinary and consists of child psychiatrists, clinical psychologists, licensed clinical social workers and psychiatric nurses. The support staff consists of full-time and part-time receptionists and patient evaluation coordinators. The services provided within the unit are often program-oriented. The staff coordinates efforts to provide quality treatment to the patient population as well as access to that treatment.

All First year Fellows spend 4 months working at one of the two Kaiser sites in the **Intensive Outpatient Program (IOP)**. This program is a highly structured one for children and teenagers with severe mental illnesses, many of whom also have chemical dependency problems. In many other jurisdictions, the severity of these patients' problems would make them "hospitalizable". The Kaiser system aims to maximize community and outpatient resources to minimize the necessity of hospitalization for these patients and their families. Fellows function as both psychotherapist and pharmacotherapist for 5-10 clients at any given time. The program provides an excellent environment for learning short-term interventions on focused problems. The average length of stay in the IOP is 3-4 months.

### **Forensic Consultation**

*Dr. med univ Hans Steiner  
Saul Wasserman, M.D.*

In both first and second years, Fellows have the opportunity to evaluate forensic cases under close supervision. Forensic consultation is taught in an intensive three-month course each Spring, culminating in a Mock Trial experience. Through the course, Fellows are exposed to court proceedings, legal depositions, and other related activities, and have to produce forensic reports and make presentations to judges, lawyers and other legal bodies. The participation in this experience is mandatory.

### ***Year II***

The second year of Child and Adolescent Psychiatry training at Stanford is spent evaluating, diagnosing, and treating children, teens, and their families generally in outpatient settings, using many different modalities of psychotherapy and pharmacotherapy. Sites include the Outpatient Specialty Clinics at Stanford, the Palo Alto Unified School District, Achivekids School, the Children's Health Council, and Kaiser Permanente Clinics (Santa Teresa and Santa Clara, California). Training may also include consultation with group homes, courts, probation departments, California Youth Authority, and other community agencies. Other potential training opportunities include advanced outpatient administration assignments and the continuation of a research project designed in the first year. All second year Fellows will have at least ½ day of protected academic time to focus on career development and academic pursuits for most of the academic year. The individual rotations are described below. Fellows are generally assigned to 2 or 3 of these during the course of the year, depending upon their interests and upon site needs.

## ***Clinics in the Psychiatry Building located at 401 Quarry Road and at Lucile Packard Children's Hospital at Stanford***

(Year II- Elective Rotation)

### **Outpatient Specialty Clinics**

Division of Child & Adolescent Psychiatry  
And Child Development

*Sharon Williams, PhD*  
*Director, Outpatient Services*

*Carl Feinstein, MD*  
*Division Chief*

Fellows in the Outpatient Specialty Clinics conduct evaluations and treatment of children, adolescents and their families. Treatment modalities include individual, family and group psychotherapies and parent training. Each Fellow works in two clinics over the course of the year, each for six months, participating in both new evaluations and on-going treatment. Ongoing research projects in all clinics provide opportunities for Fellows to develop academic expertise in these areas. There are a number of clinics which Fellows may rotate through, or have an opportunity to experience, including the following:

#### ***General Behavior Disorders Clinic***

*Kyle Hinman, MD, Director*

This clinic conducts evaluations and treatment for attention deficit disorders and behavior problems. Treatment specifically may address problems related to behavior at school as well as at home, through a variety of treatment modalities, including pharmacotherapy, behavioral therapy, family therapy, parent training and coaching, and individual psychotherapy.

#### ***Anxiety Disorders Clinic***

*Betsy Corrin, PhD, Director*

The Anxiety Disorders Clinic provides evaluation, treatment and consultative services for youngsters from 2-18 who have anxiety disorders and other sometimes related conditions. Disorders which are the focus of treatment at the clinic include the following:

- Separation Anxiety Disorder
- Specific Phobias
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Selective Mutism
- Obsessive Compulsive Disorder
- Tourette's Syndrome and other Tic Disorders
- Trichotillomania

The clinic emphasizes treatment based on the best available evidence.

For anxiety disorders, this treatment is currently comprised of cognitive behavioral treatment and pharmacotherapy. Other psychiatric conditions are addressed with appropriate behavioral, family, supportive, dynamic and systems intervention as necessary.

The clinic offers group therapies for the following:

- **Parents of Anxious Children**
- **Parents of Children with Obsessive Compulsive Disorder**
- **Adolescents with Anxiety Disorders**
- **Additionally**, the clinic has an active educational and research programs. Educational activities consist of supervising child psychiatric Fellows and doctoral students. Clinic faculty and staff are also active in providing instructional workshops to educate clinicians, teachers, and parents about the different aspects of anxiety disorders.

### *Early Life Stress Clinic*

*Victor Carrion, MD, Director*

The ELS Clinic, under the direction of Dr. Victor G. Carrion, emphasizes early intervention for children and families who have experienced an acute or chronic stressor or traumatic event. Examples of types of stressors include natural disasters (flooding, fires, earthquakes, etc.) and also those that are man-made (assaults, motor-vehicle accidents, physical and sexual abuse, witnessing violence, etc.) There may be other type of stressors such as experiencing parents' divorce, intrusive medical interventions, etc. Even though some adults may not consider an event to be traumatic, it may qualify as such if the child experienced it as threatening or frightening.

Although our assessments will go through the typical diagnostic considerations, treatment intervention will concentrate on addressing stressors. Although diagnostically-sensitive, this is not a diagnosis-focused clinic, rather it is driven by the understanding that stressors and biological correlates of stress vulnerability interact to initiate or maintain neurobehavioral disorders.

The ELS Treatment Approach includes:

- Structure – blocks of 20 sessions
- Multi-modal Treatment – combines different therapeutic elements
- Dyadic Treatment – caretakers active participants of treatment
- Research – the family may be invited to participate in research protocols

### ***Bipolar Disorders Clinic***

*Kiki Chang, M.D., Director*

The Pediatric Bipolar Disorders Clinic serves children and adolescents up to age 18 who have as their primary problem a bipolar spectrum disorder such as the following:

- Cyclothymia
- Bipolar I disorder
- Bipolar II disorder
- Bipolar disorder, not otherwise specified (NOS)

Services offered include psychiatric evaluation and consultation, medication management, and psychotherapy. Within the context of clinical care are ongoing research protocols designed to investigate and monitor the efficacy of current treatments. Personnel include staff child psychiatrists, Child and Adolescent Psychiatry trainees, and clinical psychologists.

### ***Depressive Disorders Clinic***

*Frances Wren, M.D., Director*

The Stanford Child and Adolescent Depression clinic has a particular interest in working with other professionals in the community (in mental health, pediatrics and primary health care) to provide collaborative care for depressed children and adolescents. All trainees are encouraged to participate in both clinical and research aspects of these clinics.

#### **Conditions Treated**

- Unipolar Depressive Disorders (Major Depressive Disorder, Dysthymic Disorder, Minor or Unspecified Depressive Disorder).
- Adjustment Disorders with depressive features, including prolonged grief.
- Depression occurring in the context of medical illness, injury or chronic pain.

#### **Services Provided**

- An individualized treatment plan is developed for each child entering treatment which includes some or all of the following:
  - Individual psychotherapy
  - Consultation with families to support recovery of depressed children and adolescents in treatment at the clinic.
  - Consultation with schools to support the recovery and academic success of depressed children and adolescents in treatment at the clinic
  - Pediatric Depression Psychopharmacology Clinic (assesses the need for anti-depressant medication and, where indicated, prescribes and monitors medication treatment).
  - Group psychotherapy for depressed adolescents.

***Autism & Neurodevelopmental Disorders Clinic*** Antonio Hardan, MD, Director  
Linda Lotspeich, MD  
Jennifer Phillips, PhD  
Mendy B. Minjarez, PhD

The Autism and Developmental Disorders Clinic provides evaluation, treatment and consultative services for youngsters from 2-18 who have developmental disabilities as well as a psychiatric disorder. Developmental disorders treated at the clinic include the following:

- Autistic disorder
- Asperger's disorder
- Other pervasive developmental disorders
- Developmental delays
- Sensory or motor impairment
- Learning disabilities
- Delayed or impaired language
- Impaired social behavior
- Genetic and Chromosomal disorder: Fragile X, Down Syndrome, Velocardio-facial Syndrome, Williams Syndrome, Prader-Willi's Syndrome, and other chromosome and gene disorders

The clinic emphasizes treatment and advocacy approaches that alleviate the underlying developmental disorder and target comorbid psychiatric conditions, which may include mood disorder, anxiety disorder, ADHD, behavioral problems or social difficulties that are specific to children with developmental delays.

Additionally, the clinic has an active educational and research programs. Educational activities consist of supervising child psychiatric Fellows and psychologist doctoral students. Clinic faculty and staff are also active in providing instructional workshops to educate clinicians, teachers, and parents about the different aspects of developmental disorders such as diagnosis and treatment.

**School Consultation and Intervention**  
(Year II- Required rotation)

*Shashank V. Joshi, MD*  
*Program Director*

Beginning in the first year of training, Fellows begin consultation with schools. In the 2<sup>nd</sup> year, Fellows develop expertise in formal consultation and intervention. This 6-12 month, part-time experience includes supervised consultation with teachers and staff, observation of classes in progress, and individual interviews and comprehensive psychiatric assessment with pupils as necessary. Fellows have the opportunity to learn about legal issues involved in the provision of services to educationally challenged students, and become familiar with the school system. There is a focus on early identification and prevention. They may work interactively with teachers' aides as consultants about students in the class. All clinical contact is done in the school setting itself, or in other areas within the context of children's daily lives, such as the home or group home setting.

Fellows consult in a variety of venues. During the first year of training, they provide consultation to teachers of the patients treated on the CCP, the C/L Service, and other medical services at the Children's Hospital. The Palo Alto Unified School District (PAUSD) staffs the hospital school on site. They also spend a half-day at Achievekids, described further below. Fellows may be involved in other school systems as well, such as the PAUSD in Palo Alto and the Stanford New Schools District (SNS) in East Palo Alto.

Achievekids, formerly known as Peninsula Children's Center, has two sites, one in San Jose and the other in Palo Alto. Both schools provide special education for severely disabled children who cannot be accommodated in their local school district. These disabilities range from severe disruptive behavior disorders to learning disabilities with co-occurring psychiatric disorders, to severe developmental disorders (Autism, Asperger's disorder, and other Pervasive Developmental disorders) and severe psychiatric disorders (Schizophrenia, Schizoaffective Disorder). At both sites, Fellows function as psychiatric consultant to a multidisciplinary team made up of special education teachers, classroom aides and direct care mental health staff. Fellows attend weekly team meetings, observe classroom activities, and interview students and their parents as needed to provide psychiatric consultation. These consultations may include behavioral and pharmacological recommendations and interventions, as well as liaison work with community health care providers (primary care providers and psychiatrists).

***Clinics at The Children's Health Council***  
(Year II- Elective Rotation)

*Glen Elliott, M.D., Director*  
*Anne Benham, M.D.*

The Children's Health Council (CHC) is a community-based, multi-disciplinary diagnostic and treatment center for infants, children, adolescents and their families. Services are provided for children with psychiatric, behavioral, emotional, developmental, learning, language, and motor disorders. Specialty areas include: Attention Deficit Disorders, Pervasive Developmental Disorders (especially Asperger's), neuropsychological disorders, and disorders of infancy (feeding and attachment disorders). Intensive diagnostic evaluations range from a single-discipline to a team evaluation with all disciplines represented. Therapeutic services include individual and family therapy, a group social skills program, educational, speech & language, and occupational therapy, and summer programs including a therapeutic day camp. The CHC also operates The Esther B. Clark School, a therapeutic special education school/day treatment program for children with combinations of behavioral, emotional, developmental, learning, and neurological difficulties.

The CHC provides preventive and outreach services through an extensive parent education and counseling program including consultation to day-care centers as well as public schools in the community. Several grant-funded programs provide prevention and therapeutic services to targeted populations, such as the Returning to School program for children with cancer or neurological issues. The Outcomes measurement and Research Department studies the interventions provided to accumulate data on effective interventions for children.

While Fellows are members of a multidisciplinary diagnostic team, they also evaluate children independently. Each Fellow uses a broad range of treatment options, including individual, group, family, couples and short and long-term therapy. Academic and clinical faculty members representing numerous psychiatric orientations supervise all diagnostic and therapeutic work. The child trainees spend approximately a third of their time doing evaluations, another third in ongoing individual, group, or family therapy, and the final third performing pharmacotherapy.

## ***Kaiser Permanente Clinics***

*June Reynolds, M.D.  
Director (San Jose)*

*Michelle Ferrari, M.D.  
Director (Santa Clara)*

(Year II- Elective Rotation)

In the 2<sup>nd</sup> year, Fellows may choose to spend up to 50% of their time in a generalist child psychiatry outpatient setting at one or both of the Kaiser Clinics. Services provided that Fellows may participate in may include:

- Emergency and crisis intervention during business hours by staff and after hours through the General Psychiatry Department
- Triage on-call system to assess and recommend the type of evaluation, which may include inpatient hospitalization or different levels of outpatient follow-up, including urgent, high priority or routine.
- Parenting classes.
- Teen crisis intervention services.
- Group programs for children and teens based on developmental ages, issues and clinical needs.
- Chemical Dependency Services, including family awareness and education, triage evaluation, and dual diagnosis treatment.
- Psychoeducational parenting groups: Preschool, Latency, Pre-teens, Teens.
- Spanish speaking and specialty groups for parents about ADHD, medication and special needs children.
- Post-Hospital Teen Program and Eating Disorders Services.
- Pharmacotherapy evaluation, follow-up and case management.
- Psychological testing.
- Consultation services to the emergency room, hospital and medical department.

## ***San Mateo County-Stanford University Community Child and Adolescent Psychiatry Fellowship***

The San Mateo County - Stanford Community Child and Adolescent Psychiatry Fellowship position is an ACGME approved track with a separate program number, **NRMP#: 1820405F1**. One of the 7 Fellowship positions per year is classified as this Community Track slot. The rationale for this position is to provide emphasis on clinical training and research experience in community child and adolescent psychiatry. Because of the tremendous need for child and adolescent psychiatrists with expertise in community child and adolescent psychiatry, including knowledge about public sector care and culturally informed approaches, this Fellowship position was created in 2007.

The Fellow's employment, salary, and benefits will be administered through Stanford, just like the Fellows in the six categorical positions of the Stanford Child and Adolescent Psychiatry Fellowship. Shashank V. Joshi, MD is the Co-Director for the San Mateo County - Stanford Community Child and Adolescent Psychiatry position. Tamar Meidav, MD is the Site Co-Director of the San Mateo County General Hospital Psychiatry Residency.

The first-year of the San Mateo County–Stanford position consists of three, 4-month-long blocks of clinical work, with a half-day of protected research time (see diagram below). These full-time blocks include one day (Wednesdays) per week of didactics and long-term cases at Stanford. This is generally similar to the training received by the six categorical Fellows at Stanford, with a major difference being the emphasis on outpatient work.

The second-year (see diagram below) consists of three, year-long experiences: (1) outpatient-child psychiatry at San Mateo, including school-based work, (2) one day (Wednesdays) per week of didactics (4 hours per week), long-term cases, and pediatric neurology, and (3) one day of community-based clinical research with research mentorship and statistical/epidemiological support from Stanford. With regard to clinical supervision, the Fellow will receive at least two hours of individual supervision per week: one hour with a San Mateo County faculty member and one hour with a Stanford faculty member.

The outpatient-child psychiatry (experience #1) will be in the San Mateo County Mental Health Services, primarily in their outpatient mental health clinics and school-based sites. Some of the time may be possibly spent at other sites like a residential forensic facility for adolescents. The experience in San Mateo County will involve three full-days of clinical work at San Mateo County. Fifty percent

of the hours devoted to this outpatient experience will be spent face-to-face with patients, with the other fifty percent consisting of supervision, team meetings, and administrative time.

### Community Track Child Fellowship Year 1

Year 1 child residents, 4 Month Blocks (not necessarily in this order)		
4 months -- Outpt. Consultation; Brief Therapy and School Consultation	4 months -- Outpt. Consultation; Brief Therapy; and School Consultation Pediatric C/L Service Lucile Packard Children's Hospital	4 months -- Intensive Outpatient (IOP)/ Crisis Program Kaiser Permanente, Santa Teresa (San Jose)

Monday	Tuesday	Wednesday	Thursday	Friday
AM: Psychopharmacology Clinic PM: Research time	AM: School Mental Health PM: Outpatient Psychiatry	AM: seminars PM: Long-term cases and Supervision	AM: School Consultation PM: Consulting Projects—Adol. Med; Homeless Van	AM: Pediatric C/L Service PM: Outpatient Psychiatry

### Community Track Child Fellowship Year 2

Year 2 child residents, 3 year-long experiences	
60%	Outpatient child psychiatry -- San Mateo
20%	Seminars, long-term cases, supervision (or pediatric neurology, 2 months)
20%	Community-based clinical research (20%)

Monday	Tuesday	Wednesday	Thursday	Friday
San Mateo	Community-based Clinical Research*	AM: seminars PM: Long-term cases and Supervision (or pediatric neurology, 2 months)	San Mateo	San Mateo

\* Clinical research day could be move to Monday, Thursday, or Friday and/or split into 2 half-days. Stanford will provide clinical and research supervision by Drs. Shashank Joshi and Francis Wren

## ***Pediatric Neurology Clinics***

*Donald Olson, M.D. Dawn C. Duane, M.D.*  
*Maureen Sheehan, P.N.P. Rana Lozani, P.N.P.*

(Year II- Required Rotation)

This experience is designed to help Fellows solidify their skills in basic pediatric neurology examination, assessment and diagnosis. All 2<sup>nd</sup> year Fellows spend 8 weeks on this rotation (1/2 day per week), located at the Mary E. Johnson Clinic, Lucile Packard Children's Hospital at Stanford (LPCH).

### **Didactic Courses and Individual Supervision**

Throughout their two years of training, Child and Adolescent Psychiatry Fellows participate in approximately seven to ten hours of didactic sessions and supervision per week. The didactic curriculum covers assessment and diagnostic practices, the psychotherapies, neuroscience, collaborative treatment, the biological basis of clinical psychiatry, psychopharmacology, & both normal and abnormal development. The didactic program allows Fellows to become knowledgeable in research methodology and all aspects of current child psychiatric practice. Please see the attached listing of didactic seminars.

## **Research Training**

All trainees in the Fellowship participate in didactic seminars pertaining to research education. During the first year, trainees meet with selected mentors in the area of their particular interests in order to begin the formulation of a small, but significant, project to be carried out during the second year. We generally help each Fellow to find a mentor within the faculty, but other arrangements can be made when necessary. Mentors may be available in other departments at Stanford as well as at institutions such as the University of California, Berkeley, and University of California, San Francisco; interdisciplinary research is strongly encouraged.

The Division encourages presentations at national meetings. Both the Division and the Stanford Housestaff office make funds available to defray the cost of attending at least one national meeting per year. Many Fellows have received travel grants through various programs in the American Academy of Child & Adolescent Psychiatry. The goal is for most Fellows to complete a publishable

paper, or poster for presentation at a professional meeting, by the end of their Fellowship. Some Fellows will progress further than this and will pursue their own research projects beyond the scope of their Fellowship. Advanced training grants are available on a competitive basis.

## Research Laboratories at Stanford

<http://childpsychiatry.stanford.edu/>

Advanced trainees interested in research training can become affiliated with numerous research laboratories and projects in the Division of Child and Adolescent Psychiatry and the Department of Psychiatry and Behavioral Sciences as well as other University programs.

Victor Carrion, M.D.	Early child stress/ PTSD
Kiki Chang, M.D.	Bipolar Disorders
Carl B. Feinstein, M.D.	Pervasive Developmental Disorders and Mental Retardation; Psychotherapy; Neuroethics
Joachim Hallmayer, M.D.	Genetics of Autism
Antonio Hardan, M.D.	Autism and Neurodevelopmental Disorders
Shashank V. Joshi, M.D.	School-based Mental Health; Therapeutic alliance and psychotherapy process research
James Lock, M.D., Ph.D.	Psychotherapy; Eating Disorders
Richard J. Shaw, M.B.B.S.	Psychological adjustment in Chronic Medical Illnesses
Hans Steiner, M.D.	Developmental Approaches to Psychopathology; Aggression and Violence; Eating Disorders

Sharon Williams, Ph.D.

Traumatic Brain Injury

Frances Wren, M.D.

Psychotherapy; Depressive Disorders

**Department (Selected Faculty)\***

Alan F. Schatzberg, M.D.

Affective Disorders

Rudolph Moos, Ph.D.

Center for Health Care Evaluation

David Spiegel, M.D.

Psychosocial Treatment Laboratory

Stewart Agras, M.D.

Laboratory for Behavioral Medicine

Barr Taylor, M.D.

Laboratory for Behavioral Medicine; Smoking cessation

Bruce Arnow, Ph.D.

Psychotherapy research: process and outcomes

Debra Safer, M.D.

Psychotherapy research; Dialectical Behavior Therapy

Anthony Mascola, M.D.

Psychotherapy research

Allan L. Reiss, M.D.

Center for Interdisciplinary Brain Sciences research (SIBSR)

**Stanford Center on Adolescence**

*William Damon, Ph.D., Director*

The Carnegie Corporation of New York supports this interdisciplinary center. Center activities include the evaluation and sponsorship of research at Stanford University and providing syntheses of the scientific knowledge base so that both public and private policy makers can develop and disseminate strategies for aiding adolescents. In addition to being a scholarly enterprise, the Center will be linked directly with agencies that are providing services to adolescents and their families. Overall, the Stanford Center on Adolescence seeks to serve as a national model for interdisciplinary training on research related to adolescence by enhancing collaboration among faculty from diverse departments and schools and developing a comprehensive, multidisciplinary approach. A limited number of pre-doctoral and post-doctoral Fellowships will be granted to scholars pursuing careers in research related to adolescence.

\*For additional detailed descriptions of projects in each laboratory, please refer to the following Faculty Research Directory at the Stanford Web Site:

<http://psychiatry.stanford.edu/>

## Additional Training Features

### **Advanced Administrative Duties**

All Fellows will have the opportunity to participate in teaching. Their responsibilities may include the supervision of medical students, PGY II-IV psychiatry residents, child neurology fellows, developmental and behavioral pediatrics residents, participation in administrative meetings and Quality Assurance Committees, the drafting of memos pertinent to the functioning of the services, and the organization and presentation of didactic material for trainees.

### **Allied Training**

Stanford's Child and Adolescent Psychiatry program is integrated with the general psychiatry residency training program. Four-to-six general psychiatry residents (PGY II-V) spend two months in the Child and Adolescent Psychiatry program. Medical students from Stanford University and other schools in the United States and abroad, select four-to-eight-week Child and Adolescent Psychiatry clerkships. Three post-doctoral, and four pre-doctoral clinical psychology interns from national graduate schools also participate in the training program on a yearly basis, offered within the American Psychological Association-approved internship program based in the Division.

### **Research Colloquia, Symposia and Conferences**

Residents and faculty meet in monthly meetings in which speakers describe the many research activities of the Department, and scientists from across the country describe their work. Visiting speakers also present their work at research seminars held at regular intervals during the academic year. Clinical problems of particular teaching value are presented and discussed at weekly clinical rounds in the teaching hospitals. There are also annual Stanford conferences on Developmental Psychopathology, and on Brain and Behavior, which Fellows may attend at no cost.

### **Grand Rounds**

Historically, Stanford has been able to attract world-renowned speakers as Grand Round speakers each week. This is an exciting time to see and hear leaders in the field. One week per month, the topic chosen is on a particular area within Child & Adolescent Psychiatry.

### **Mock Board Exam, PRITE & Child PRITE Exams**

Each May, the Department provides a compulsory Mock Board Exam which trains and tests Fellows in the brief assessment and diagnosis of clinical cases in preparation for Part II of the Board exam. In addition, the Psychiatry Residency In-Service Training Exam is required each year during the first two weeks of October, and the Child PRITE in December.

### **Libraries**

Fellows have access to all of the Main Campus libraries, which include Lane Medical Library, Green Library, Meyer Memorial Library, the School of Education Library, among many others.

Lane Medical Library's research collections cover clinical medicine and its specialties, basic sciences, public health and related fields. With over 3,000 journal titles and approximately 300,000 volumes, the collection ranks among the best on the West Coast. The Library is automated and the databases, Lane-Medline and CD-Lane-Medicine, are networked and available 24 hours a day from labs, wards, offices and homes. The Library is open seven days, 104 hours a week. Information Service consultants are available Monday through Friday, 8 am to 6 pm.

<http://www.med.stanford.edu/lane>

The Green Graduate library specializes in research collections specifically related to Humanities and Social Sciences. Green Library has 4,492 serials, and approximately 1,900,000 volumes; the collection ranks among the largest on the West Coast. Hours of operation are Sunday, 1:00 pm – 9:00 pm; Saturday, 9:00 am – 8:00 pm; and Monday through Thursday 8:00 am – 12:00 midnight.

## 2008-2009 Benefits for Housestaff Stanford Hospital and Clinics and Affiliated Hospitals

Salaries are provided by Stanford Hospital and Clinics and are contingent upon proportion of clinical and research assignments.

- **Benefits at Stanford and Affiliated Hospitals.** Hospital and major medical insurance for house officers and dependents are provided; dental insurance is available for house officers and their children (coverage for spouses are at the house officer's expense).
- **Benefits for all House Staff, regardless of institution of assignment.** Lab coats and their laundering, malpractice coverage, certain University privileges, disability insurance, paid time off for illness and vacation. Part of the cost of initial medical license, obtained after receipt of a valid Stanford University Hospital contract, is reimbursed. On-call meal arrangements are provided at Stanford for those required to be in-house all night (not applicable to Child Psychiatry).
- **Maternity Leave.** Up to four months per year with pay, less any applicable state disability benefits is offered. In addition, the individual has the option of taking available personal time off for additional three weeks at the end of the period. A physician must authorize additional disability leave. Any other arrangements should be negotiated with the Department and cleared with the House Staff Administration. Any pregnant House Staff member should notify the Program Director as soon as possible after discovery of pregnancy so that scheduling changes can be made to accommodate any leave. In accordance with California law, a female employee must be granted an "unpaid" Pregnancy Disability Leave for a period of time up to four months during which the employee is incapable of performing her job duties because of medical disability resulting from normal pregnancy, delivery, or post-childbirth recovery, as verified by a physician. The sick leave policy will apply during this extended period of disability.
- **Personal Time Off.** House Staff are permitted to take up to three weeks of personal time off with pay during each one-year period. Personal time off must be scheduled at least one month in advance with the following approvals: Service Chief, Chief Resident and the Director of Training Program. The Hospital believes that personal time away from the residency program is important to the welfare of House Staff, so unused personal time

off does not accumulate from year to year and there is no provision for pay in lieu of time-off.

- **Sick Leave.** House officers will not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave. They will be granted twenty days of sick leave (four weeks) per year if needed. Salary will continue, offset by state disability or worker's compensation benefits.
- **Educational Leave.** One week of educational leave is allowed with prior approval of the Training Director, only after arrangements to cover ward and call responsibilities have been made.
- **Moonlighting Activities.** From time to time, Stanford interns and residents, as a part of their official Stanford duties, are required or desire to provide patient-related services at unapproved practice sites. Approved practice sites are limited to SUH, LPCH, VAH, and affiliated hospitals, clinics, or physicians with which there is a written agreement for the practice of the housestaff at that site. To obtain approval for off-site medical activities at a new practice site, a written agreement with the off-site entity that specifies responsibility for salary and malpractice insurance coverage must be obtained. *Unapproved moonlighting is not covered by Stanford malpractice.*

#### Training Program Contacts:

**Shashank V. Joshi, M.D., F.A.A.P. ~ Director of Training**

[svjoshi@stanford.edu](mailto:svjoshi@stanford.edu)

Phone: 650-724-6520

Fax: 650-721-3954

**Michelle Goldsmith, MD ~ Chief Fellow for 2009-2010**

[mdanagmd@yahoo.com](mailto:mdanagmd@yahoo.com)

Phone: 650-725-0957

Fax: 650-721-3954

**Wanda Mills ~ Coordinator of Training Programs**

[lawanda@stanford.edu](mailto:lawanda@stanford.edu)

Phone: 650-725-0957

Fax: 650-721-3954