The case for pursuing a consultation-liaison psychiatry fellowship

Samuel P. Greenstein, MD

Editor's note: Readers' Forum is a department for correspondence from readers that is not in response to articles published in CURRENT PSYCHIATRY. *All submissions to Readers' Forum undergo peer review and are subject to editing for length and style. For more information, contact letters@currentpsychiatry.com.*

Four years ago, pursuing a consultation-liaison psychiatry (CL) fellowship was the last thing on my mind. I had recently started my third year as a CL attending at the University of Cincinnati Medical Center and was becoming more of an integral part of its academic department. I felt that I had found my calling. I wanted to be an educator, with the hope of becoming a psychiatry residency program director. This idea was validated when I was awarded the Golden Apple for Excellence in Clinical Teaching, voted by the psychiatry residents, as well as a medical student teaching award. Both awards related to my CL duties.

And then, life happened. My wife and I decided to move east to be closer to family. I planned to continue my path at an academic institution while teaching CL psychiatry. Yet, each institution I interviewed with explained that while my recent experience was "great," I would need to be formally CL fellowship–trained if I wanted to work in the CL division. On the one hand, this was frustrating to hear; however, the Accreditation Council for Graduate Medical Education has established rules regarding how many faculty at institutions that offer CL fellowships need to be CL fellowship–trained. After much consideration, specifically about my personal career aspirations and family situation, I decided to go "backwards" and pursue a CL fellowship.

Parts of the fellowship year were easier than the previous 3 years. For example, my caseload was much lighter, as were my supervision duties. However, almost immediately, there was an ego-check—for instance, recognizing that I would not always agree with my attendings, and other services would no longer view me as "the attending." Despite that, as I now discuss with my trainees, I am never above further learning and gaining more clinical experience. Early in that first year of fellowship, I was involved in a complicated case of a patient with autoimmune encephalitis with severe catatonia who warranted electroconvulsive therapy. I gained experience using phenobarbital for the treatment of alcohol withdrawal, something I did not use during my residency or first 3 years as an attending.

Furthermore, my academic project that year was to revamp the fellowship. This included resetting the fellowship's mission statement, as well as updating our rotations and curriculum, to better align with fellowship best practices around the country. It afforded me time to develop my own "educational" pathway and think of ways in which CL is expanding its footprint. Consistent with this, Park et al[1] demonstrated the most common "major reason" for pursuing a CL fellowship was to obtain clinical training; the "moderate

Dr. Greenstein is Director, Consultation-Liaison Psychiatry Fellowship, Long Island Jewish Medical Center—North Shore University Hospital/Northwell Health, Queens and Manhasset, New York, and Assistant Professor, Department of Psychiatry, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Uniondale, New York.

Disclosures
The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

doi: 10.12788/cp.0237

reason" of teaching opportunities cannot be overlooked.

The value of a CL fellowship

CL is about the intersection of behavioral health with medicine. As such, I believe CL fellowships will be part of the solution for addressing the current health care cost crisis[2] as well as improving access to mental health treatment.[3] We already see this solution in collaborative care programs. According to the National Resident Matching Program, in 2021 there were 60 CL fellowship programs and 124 CL fellowship positions offered nationwide, with a total of 89 fellowship applicants and 84 spots filled.[4] Looking back 5 years, there were only 52 CL fellowship programs nationwide.[4] While there are currently fewer applicants than spots, the fact that the number of available programs is increasing demonstrates the value that each institution puts into CL as well as the importance of our presence in the health care system. The CL fellowship year can create a special opportunity for the fellow that dovetails with their passions. If an applicant wants a program that has expert subspecialty services and focuses on teaching and social determinates of health, they can assuredly find that program.

The decision to pursue fellowship is a personal choice. I believe that CL as a subspecialty will demonstrate its importance to both the psychiatric and medical fields. CL fellowships can continue to innovate and move forward by recognizing the changing landscape of CL psychiatry and matching the fellowship experience to those needs. This will only make the draw for fellowship more powerful. Four years ago, I did not want to pursue fellowship—today I am truly grateful I did.

Clinical Point

I believe CL fellowships will be part of the solution for addressing the health care cost crisis and improving access to treatment

References

1. Park EM, Sockalingam S, Ravindranath D, et al; Academy of Psychosomatic Medicine's Early Career Psychiatrist Special Interest Group. Psychosomatic medicine training as a bridge to practice: training and professional practice patterns of early career psychosomatic medicine specialists. Psychosomatics. 2015;56(1):52-58. doi:10.1016/j.psym.2014.05.003
2. Organisation for Economic Cooperation and Development. Health at a Glance 2021: OECD Indicators. OECD Publishing; 2021. https://doi.org/10.1787/ae3016b9-en
3. Center for Behavioral Health Statistics and Quality. *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration; 2016.
4. National Resident Matching Program. Results and data: specialties matching service 2021 appointment year. National Resident Matching Program; 2021.