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**TESTIMONY IN SUPPORT OF HB1461**  
**Behavioral Health Programs - Outpatient Mental Health Centers - Medical and Clinical**  
**Directors**

March 11, 2020

Chair & Members  
Health and Government Operations Committee  
Annapolis, MD

Dear Sir/Madam:

I am Marilou Tablang-Jimenez, MD, a Distinguished Fellow of the American Psychiatric Association and I currently hold the following Administrative, Academic and Clinical positions:

- Chair, Department of Psychiatry, Medstar Montgomery Medical Center
- Medical Director, Crisis Center, Montgomery County Government
- Medical Director, MGTJ, MD, PC Group Practice
- Assistant Professor, Georgetown University

I am/was

- Member of the Maryland Psychiatric Society (MPS),
- Past President (multiple terms) of the Suburban Maryland Psychiatric Society (SMPS)
- Board Member (several years) of the Washington Psychiatric Society (WPS)
- Past President of the Philippine Medical Association, Metro Washington, DC, Inc. (PMA-MWDC) and current Executive Director

Some of my activities as an Educator,

- Scientific Panel Member, NIH State-of-the-Science Conference

- Supervisor-on-site, General Psychiatry Residency Training, Uniformed Services University of the Health Services, Walter Reed Hospital, Bethesda, MD
- Supervisor-on-site, Child and Adolescent Psychiatry Residency Training, Georgetown University Medical School, Washington, DC
- Medical 2 and Medical 3 Student Clinical Training, Georgetown University Medical School, Washington, DC
- Author, Department of Health and Human Services, Montgomery County Government, CARF (Commission on Accreditation of Rehabilitation Facilities) Policy and Procedure on Medication
- HMS-Permedion's Independent Medical Peer Reviewer, Maryland Board of Physicians Quality Assurance
- CME Speaker, Annual Scientific Meeting, Topic: Dementia in Adults, APPM, Baltimore, MD
- Lead Speaker, Medical Grand Rounds, Strangulation Prevention with the Montgomery County Strangulation Team, Medstar Montgomery Medical Center, Olney, MD
- CME Co-Chairperson, Annual Scientific Assembly, Topic: Psychiatry Pearls for the Primary Care Provider, Southern Medical Association, Chattanooga, TN\
- Speaker, Pan-Asian Community Summit, Topic: Mental Illness in the Asian Community, Annapolis, MD
- Speaker, De La Salle Health Institute Symposium, Topic: Eating Disorder and Obesity, Dasmariñas, Cavite, Philippines
- CME Speaker, Annual Scientific Meeting, Topic: ADHD, Association of Philippine Physicians in Maryland, Baltimore, MD, USA, November 1999

The above-mentioned roles led to my visibility in the community, especially as an educator, and it was for these that I was approached two years ago by a Nurse who was in the middle of her studies to become a Nurse Practitioner (NP) while working full-time at a local psychiatric hospital for more than a decade. She was enrolled with an on-line college for her NP studies. She had completed some of her courses but still needed Clinical Practicum for a several months. Predictably, I took to this novel idea of educating someone naturally. She provided my name to this on-line college and they approved the Preceptorship, giving me the title of Clinical Instructor; no one from this college called me, interviewed me, asked for references, or verified my credentials. They sent me a Field Site Agreement that I signed off on.

The NP student had a warm personality, seemed bright and eager to learn when I first interviewed her before we started the Preceptorship. As we proceeded with the first course of outpatient clinical practicum, her friendly demeanor changed to being more reserved, such that she hardly opened her mouth to say anything of substance. I tried to engage her in case discussions after we saw patients together and it became evident that her quiescence was due to her limited fund of knowledge. I encouraged her to read more and not rely on our discourses as they barely scratch the surface. I believe she did read because she was always carrying materials about psychiatry but testing her knowledge was not part of the curriculum. Suffice it to say that three (3) months passed and I did not discern much improvement in her ability based on our academic and clinical allocation. The outpatient clinical practicum ended without any sign of progress in her ability to formulate a case, rule-out the differential diagnoses, and plan a viable treatment.

In spite my disappointment with the result of the Clinical Practicum, I chose to persevere with training her. I thought that she might do better in a different setting. As Chairman of the

Department of Psychiatry at Medstar Montgomery in Olney, I went out of my way to give her more clinical exposure in a hospital setting. I created a Preceptorship Group Therapy Program specifically for NPs. She worked with the Department's Interdisciplinary Team to provide care to dozens of patients on a regular basis. Much to my chagrin, I did not see the clinical acumen I was hoping would have become more apparent after several months of training. She finished up her clinical training after another six (6) months and she took the licensing board soon after that. To my utter surprise, she passed. Which brings to question, what exactly are the NPs being tested on?

I took on another NP student in the midst of training the above-mentioned student. I thought the first was a fluke but I tempered my hopes for the second student because of my initial experience. This student was a mature woman in her mid- to late 50'-s who had been a nurse for at least 20 years and had already built her million-dollar fortune as a home healthcare business owner. She was savvy, intelligent, and engaging. Whether she was already financially set and just needed to get her NP degree so she did not have to hire a physician for her vulnerable clients or she was just very busy with her business, but she barely showed up for her preceptorship. She was in my outpatient clinic only three times throughout the first course but expected this writer to pass her anyway. It was at this point that I stopped participating in the farce. I ended the program at Medstar Montgomery Medical Center, which I worked hard to establish and I cut off all ties with this on-line college.

Other points to consider:

- Although the NP student was under my Preceptorship for a few months, she was not required to be in my clinic daily. She just needed to have a total of **130 hours**
- I was not required to test the knowledge fund in the form of exams as part of the grading system
- I have heard said that the administrative duties of a Medical Director can be done by a non-Physician and I beg to disagree. My Administrative duties as the Department Chair of Psychiatry at MMMC, the Medical Director of the Montgomery County Crisis Center and the above-mentioned group practice are definitely not something I would pass on to a very efficient non-physician Administrator. At the MMMC alone, not only do I have an Assistant Vice-President, an Administrator, and a Manager, who all take directive and cues from me for a majority of decisions, such as developing the policy for physician coverage, policy on patient request for prescription refills, policy on when to discharge a patient, and other tasks.

May I add that I have been a physician for decades and I am comfortable with my current administrative responsibilities cum clinical duties. But had you offered me these jobs when I was just coming out of training that involved 4 years of medical school (and not working part- or full-time, as the academic load is more than enough to keep me busy), five (5) years of training (3 at Georgetown for my General Psychiatry Residency and 2 at Johns Hopkins for my Child and Adolescent Psychiatry), State Licensing Exam and two (2) Specialty Board Exams, I would have walked away.

I believe that a person has to recognize her weaknesses and flaws to be able to lead with strengths. For Nurse Practitioners who are getting their degrees on-line, the decision to do so makes me wonder about their judgment at the onset.

It is a travesty to hand over the operations of Outpatient Mental Health Centers to inadequately trained NPs because the clients of these centers are the most mentally, emotionally, cognitively, and physically vulnerable members of our society. But more than that, calling the NPs Medical Directors seems to be a mockery of the system that provides the services. As if to say, “This particular population does not need a physician to be the Medical Director. A Nurse Practitioner is enough.” It is with this last thought that I ask for a favorable support of HB 1461.

Very respectfully yours,

Marilou G. Tablang-Jimenez, M.D., DFAPA