



clickable

- 2 Interview with Dr. Eliot Sorel
Hind Benjelloun
- 3 Career and Leadership Development in the Washington, DC District Branch
Hind Benjelloun
- 4 Interview with Dr. Roger Peele
Hind Benjelloun
- 5 An Outline for Our Vision
Humaira Siddiqi
- 7 The Pole Vault: Raising the Bar
David I. Driver
- 8 New APA Practice Guideline on Panic Disorder
M. Justin Coffey

Editor-in-Chief: Molly McVoy, M.D.
Issue Editor: Hind Benjelloun, M.D.
Staff Editor: Angela Moore

This Issue

Career and Leadership Development: Making It Our Priority

Hind Benjelloun, M.D.
Department of Psychiatry, Georgetown University



In many psychiatric residency programs, career and leadership development are, arguably, underemphasized. Seasoned mentors, insightfulness, proactivity, and even sheer luck are factors that contribute to residents developing their careers and leadership skills amid the demands of day-to-day training. For some residents, the future may not seem very well-defined, particularly as graduation draws near. This issue of the Residents' Journal focuses on the importance of fostering initiatives and conditions that will increase awareness of opportunities for career and leadership development. By making career and leadership development our priority, we can better define our opportunities, our passions, and our future from the very beginning of our journey.

Interview with Dr. Eliot Sorel

Hind Benjelloun, M.D.
Department of Psychiatry, Georgetown University

The following is an interview with Eliot Sorel, M.D., D.L.F.A.P.A., on "Career and Leadership Development," conducted by Hind Benjelloun, M.D. Dr. Sorel is Professor of Global Mental Health in the School of Public Health and Health Services at the George Washington University. He is also Professor of Psychiatry in the Department of Psychiatry and Behavioral Sciences at the George Washington University School of Medicine. Dr. Sorel is Chair of the Wellstone Award Committee of the Washington Psychiatric Society and serves as Chairman of the Scientific Committee of the XX World Congress for Social Psychiatry, which will be held in Marrakech, Morocco in October 2010. He is a Fellow of the American College of Psychiatrists and a Distinguished Life Fellow of the APA.

Dr. Sorel is the pioneering mind and relentless energy behind the career and leadership development initiative in the Washington, DC area. He continues to guide and mentor residents in the field of psychiatry, inform residents about the state of psychiatry (both medically and legislatively), and has groomed mentees for leadership positions within the APA and the larger medical community. Dr. Sorel is an internationally recognized medical leader, practicing psychiatric physician, and health systems policy technical advisor. Dr. Benjelloun is a fourth-year resident at Georgetown University, Chair of the APA Assembly Committee of Members-in-Training, and the Editor for this issue of the Residents' Journal.

Dr. Benjelloun: What sparked the idea to begin a career and leadership initiative in Washington, DC?

Dr. Sorel: There are several factors that contributed to the idea of a career and leadership initiative. They involved convening our first Washington, DC PGY- I and II meeting (which included residents from George Washington, Georgetown, and Howard universities as well as St. Elizabeth Hospital and NIH) at the Cosmos Club in September 2005; developing our Residents Village webpage for the Washington Psychiatric Society website in 2006; asking for and receiving a grant in 2007 from APA's Area 3 to develop such a project; and—last but not least—the interest I have nurtured over the years to contribute to the formation of our next generation of leaders in a systematic and integrative fashion that will be beneficial to our younger colleagues (members-in-training and early career psychiatrists), to our patients, to medicine, and to psychiatric medicine.

Dr. Benjelloun: What is your vision for the career and leadership initiative in Washington, DC?

Dr. Sorel: My vision for our career and leadership project—now in its second year—is to present role models and provide career and leadership opportunities for our younger colleagues with regard to

clinical practice, advocacy, education and research, leadership skills, and awareness as well as to encourage active membership and leadership within the APA, Washington Psychiatric Society, and Washington, DC medical community and to develop a strong collaboration between medicine and psychiatric medicine.

Our young initiative was recently exemplified by three of our colleagues (two members-in-training and one early career psychiatrist) who were candidates for Area 3 leadership positions in the spring of 2008, with all three winning the honor to represent their peers in the APA. It was a rewarding example of teamwork and leadership in action.

Additionally, we intend to share our project with all district branches in Area 3 and nationally with all colleagues who are interested to learn from our experience.

Dr. Benjelloun: What advice would you give to residents in search of a mentor?

Dr. Sorel: One of the advantages of developing a city-wide career and leadership program is that we created a broader vision of learning with regard to some of the similarities and differences among residency programs in the area, and we exposed members-in-training and early career psychiatrists to a more diverse pool of potential mentors, transcending the boundaries of their specific programs. My

recommendation is that it is important to explore mentor-mentee opportunities within a residency program but not to feel limited by that boundary. A career and leadership initiative creates the opportunity for new and unanticipated mentor-mentee relationships.

Dr. Benjelloun: What words of wisdom can you share regarding career and leadership development?

Dr. Sorel: I highly recommend that our APA residents consider developing such programs nationwide. We (in Washington, DC) are at their service to help them jump-start such initiatives as soon as they are ready and have identified willing partners and necessary resources. We also envision expanding our career and leadership program into medicine, across specialties, and internationally once we have a critical mass of experience and similar programs under way.

For additional information regarding career and leadership development, contact Dr. Sorel at esorel@gmail.com.

Career and Leadership Development in the Washington, DC District Branch

Hind Benjelloun, M.D.

Department of Psychiatry, Georgetown University

“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion and wisdom to listen to the needs of others. He does not set out to be a leader, but becomes one by the quality of his actions and the integrity of his intent.”

—Anonymous

Launched in January 2008 by the Washington Psychiatric Society, “Developing Our Careers, Enhancing Our Leadership Skills” is a pioneering initiative that is exemplary of how psychiatry residents from every program within a district branch can unite strongly to raise awareness of the importance of career and leadership development. This initiative serves as a model that has the potential to inspire residents across the United States to establish similar enterprises within their district branches and to seek available funding for such initiatives.

This career and leadership development program is specifically tailored to the interests of members-in-training and early career psychiatrists in Washington, DC. It consists of a series of five seminars organized into the following three clusters: a leadership cluster, a career cluster, and a combined cluster. In 2008, the first four seminars were hosted by each of the four Washington, DC residency programs (St. Elizabeth Hospital and Georgetown, George Washington, and Howard universities). The fifth and final seminar was held at the APA annual meeting in Washington, DC in May. The 2-hour-long seminars (1 hour for presentations; 1 hour for questions and answers) allow time for residents to network and socialize. Residents are also provided with an in-depth seminar monograph that serves as a discussion syllabus as well as an important resource for guidance and

prospective opportunities. Additionally, this initiative addresses public and private psychiatric practice, career and leadership challenges, minority issues and national affairs, academic and research opportunities, and various other opportunities. Importantly, the catalytic role that APA plays in all of these areas is explored.

The first gathering of Washington, DC PGY-I and II residents from all of the area’s psychiatry residency programs was held in September 2005 and hosted by the Cosmos Club. This ongoing collaborative initiative was designed to bring together area psychiatry residents, raise awareness, foster mentor-mentee relationships, and provide insight. History was made once again in August 2008, with the first gathering of chief residents from the four Washington, DC psychiatry residency programs, also hosted by the Cosmos Club. This initiative has unified and continues to enrich our community of residents.

“Developing Our Careers, Enhancing Our Leadership Skills” was funded by an Area 3 grant in the amount of \$5,000 to the Washington Psychiatric Society, and the initiative received an honorable mention for the APA Assembly Best Practice Award in 2008. At the spring 2008 APA Area 3 meeting, the grant was renewed for 2009. Other Area 3 district branches have also received grants to establish similar initiatives. The template for the career and leadership programs and the

seminar monograph are shared with all Area 3 residents via district branch members-in-training as well as mentors. It is anticipated that a similar structured approach pertaining to career and leadership development for members-in-training and early career psychiatrists will become part of APA’s district branch focus.

In closing, it is essential to highlight that residents have the capacity to gain substantial funding through area grants and district branch block grants. Our APA leaders recognize the importance of career and leadership development early in training and are excited and eager to support funding for initiatives that invest in our future.

For additional information on how to start a career and leadership initiative at your district branch or area level, contact Dr. Benjelloun at hbenjelloun@yahoo.com.

Interview with Dr. Roger Peele

Hind Benjelloun, M.D.

Department of Psychiatry, Georgetown University

The following is an interview with Roger Peele, M.D., on “Mentorship,” conducted by Hind Benjelloun, M.D. A Professor of Psychiatry and Behavioral Sciences at the George Washington University, Dr. Peele is one of the most seasoned, innovative mentors in Washington, DC as well as nationally. Dr. Peele has served as a voting member of the APA Board of Trustees for more than 11 years (longer than any other voting member of the Board); he has

been a member or guest (including Speaker) of the APA Assembly for 33 years; he is a Distinguished Life Fellow of the APA; and he has served on the Board of Directors of his district branch for 34 years. Dr. Peele continues to be an immense resource for residents, fellows, and early career psychiatrists and has made his mark on career and leadership development within psychiatry and medicine over the past several decades.

Dr. Benjelloun: What are your thoughts on mentors during training?

Dr. Peele: All faculty should be mentors. Whether it is a clinical, consultation, research, education, or professional activity, there is the potential for mentoring that topic. Sure, depending on the resident’s major professional interest, the key mentor may narrow to one focus, such as research. Regardless of the topic, each faculty member must prioritize mentoring the trainee, and listening carefully to the resident to ascertain whether he or she is succeeding is imperative.

Mentorship is a two-way process, with both the faculty and the resident needing to challenge each other to achieve the most growth. This is where special mentorship skills become very important. The faculty member needs to know the degree of challenge that will be most useful to each resident. This is a dynamic, highly individualized approach.

Dr. Benjelloun: What does leadership mean to you?

Dr. Peele: Desired leadership is a function of the need of the organization and may vary from moment to moment. There are times when the leader must come from above to be quick and very directive, such as in emergencies and in a war. Other times, an organization is best served by leaders who bring out the best in others. This is the desired leadership style in clinical organizations, where the objective is to produce compassionate and competent clinicians. Johns Hopkins University has been a noteworthy example of this for

over a century, in part because the emphasis is directly on the clinician. One can name many well-known, advanced clinicians at Johns Hopkins, and yet few can name any of their CEOs. Finally, a quite different, yet essential, leadership skill is representing the organization to obtain the support that the organization needs from others. With this objective in mind, fine-tuned public relations and political skills are critical for this type of leadership.

An example that combines several of these themes is my mentorship of a third-year resident, Peter Novalis, who approached me about his interest in supportive psychotherapy. After some back-and-forth with him, we decided that he would spend his elective time as a fourth-year resident writing a book on supportive psychotherapy, with some assistance from me and another faculty member. He did 70% of the work on the book. It was published by American Psychiatric Publishing as *The Clinical Manual of Supportive Psychotherapy*. In summary, leadership requires both management skills and representation skills that must be conceptualized individually and situationally.

Dr. Benjelloun: How can residents improve their career and leadership development?

Dr. Peele: First, they need to know themselves and their passion. Faculty, trainees, clinicians, and patients can provide the reflections that enhance the residents’ sense of who they are and how they are impacting others. Some programs have

resident groups to accelerate this process, but it is challenging for those groups to function at a level that is right for each resident.

Second, psychiatry is such a vast field that there is an opportunity to become authoritative in a specific topic. For example, some residents in the Washington, DC area were very curious about adjustment disorder and strongly encouraged by mentors to become the experts in this field. Despite the vast number of patients who are given that diagnosis, the PubMed literature was so slim that it was uncomplicated to gain advanced, superior knowledge in this arena. The experience of seeking out a particular topic in psychiatry in which you are the expert is invaluable, professionally and personally.

Dr. Benjelloun: What words of wisdom can you offer graduating residents?

Dr. Peele: I am wary of proclaiming that the following is wisdom, but I would suggest that graduating residents assume that the residency has provided them with skills that are very much needed. While modesty is always desirable, it still remains that there is a huge need for people with the skills of a graduating psychiatric resident in research, in training, and, especially, in patient care. With that assumption, graduates can find, often quickly, what is a good fit. The degree to which self-knowledge is achieved—mentioned in the second question supra—is the degree to which the perfect fit is easily found.

An Outline for Our Vision

Humaira Siddiqi, M.D.

Department of Psychiatry, St. Elizabeth Hospital

The myth that is often whispered in other medical specialties is that psychiatry is easy. However, psychiatry is anything but easy. Not only do we have to know and understand conventional medicine, but we are practicing a science that, at times, seems to branch away completely from conventional medicine.

Presently, we live in an age of intellectual overstimulation, and, chances are, we will need to develop the correct skills to stay ahead of the game in order to be successful in our careers. Developing good work habits isn't just something we do in residency; it is a process that we must continue to develop throughout our careers. The following are some tips on being successful:

Set a Goal

One of the first steps in cultivating a successful career is to set a goal. Goals that are too broad are neither functional nor attainable. Thus, we should be able to define our goals in specific and certain terms, getting our heads in gear before engaging.

A significant goal can be achieved by breaking it down into a series of smaller steps, aligning a path to our larger aspiration. The achievement of each smaller step should be thought of as a series of "minigoals."

Make a Plan

Once we decide what it is that we want to do, we must be realistic about how long it will take to do it. We should dream big but be practical about how the incremental objectives we establish for ourselves will ultimately lead us to the career and life that we want.

Prioritize

Making priorities is not as important as sticking to them. As painful as it can be for some, it is necessary to be honest about what is important. Priorities should be cross-referenced with how they promote goals. If an individual's priorities do not fit with his or her goals, then he or she may be overcommitted to something that

is unnecessary. The difference between making choices rather than sacrifices is established by a clear and logical set of personal priorities. Additionally, it is important to create a reasonable timeline. For some choices, the objective may take longer than ideal. Success takes healthy planning as well as diligent work.

Establish Boundaries and Limits

A professional boundary is something that indicates a fixed extent of conduct, objectives, or qualities. Boundaries can range from interpersonal relations that are subtle interactions to expectation setting that is forthright. Understanding the mechanics of boundary setting is essential to establishing a sound playing field. Once correct expectations have been set for ourselves, we must set correct expectations with those around us. Creating effective boundaries will not alienate us from others. If we set healthy, balanced boundaries, then we can confidently engage with our co-workers without feeling that they will overutilize us.

Develop Professional Integrity

It is important that we be punctual, and if we agree to do something, we must do it well. We must be willing to work with others' capabilities as well as with their limitations. At times, stress levels will run high, setting the stage for acting out or being less than cordial. During such times, one must resist the urge to turn a co-worker or boss into a therapist—that is what friends and family are for. Another key area to stay clear from is workplace gossip. Listening to and repeating gossip may eventually tarnish one's own integrity. Additionally, an individual might risk being misquoted or misrepresented.

Practice Being Positive

Being positive doesn't mean to rationalize or minimize the nature of bad things but rather to make the best out of bad situations. We will encounter many unsavory situations during residency. Rather than becoming angry, we must view these situations as opportunities, taking time to develop strategies of conflict resolution

and negotiation. It will make us better psychiatrists and more effective role models.

Network, Network, Network

It is important to make contacts with people in multiple spheres, not just the people in one's field. Novices go into networking with the misconception that the objective is to get something from someone else. However, the point of networking is to be a person who can provide. That may seem counterintuitive at first, but, practically speaking, one is likely to feel less awkward about approaching others if he or she first develops him or herself as someone who can offer rather than take. The goal should be to become a resource, i.e., someone who can link different people who can mutually benefit each other. One's value is increased significantly if one becomes a resource because people are more likely to be considered and remembered for important opportunities if they are well connected and if they have helped others. The biggest and best opportunities are often obtained by word-of-mouth or personal reference, not by what is listed in a job ad. Places to start? Join charities, advocacy groups, or engage in pro bono work.

Execute With Meaning— Don't Just Wing It

It is important that we put our best foot forward. Luck is not predictable, but hard work is.

Some people are comfortable with certain practices, but comfort should not translate into inflexibility. Mastery of a problem requires adapting to change, even if it means it will slow one down. We must accept that, whether we work in a private practice or in a hospital, there will be tasks that we will dislike and people who will rub us the wrong way. Thus, it is important to focus on solving problems rather than complaining about them. If one can't solve a problem, then he or she should let go for the time being.

continued on page 6

continued from page 5

It is necessary to be decisive about choices and not to leave people hanging. If one is ambivalent about whether he or she will be able to deliver, then one should opt to stay on the side of caution and decline. Nothing hurts a reputation more than to be viewed as unreliable.

Be an intelligent giver. We mustn't offer more than we are able to give. More importantly, we mustn't give more of ourselves than we can afford to do. As much as we would like to impress our peers as well as those to whom we report, biting off more than one can chew can have a negative fall out. The best people with whom to work are not necessarily the ones who can do it all but the ones who let others know what they are able to do and who do their job well. Learn how to say "no" gracefully. Sometimes, an individual may

even need to say this to those to whom he or she reports. The risk of not being liked is what often deters people from learning this key skill.

During residency, there are situations in which we will have to just stick it out, even when overextended. Keeping a positive attitude and reminding one's self that residency is time-limited is helpful. In those situations, it is necessary for one to revisit his or her plan. This may require one to be adaptive and to implement temporary adjustments to set priorities.

Be Confident

We must not undersell our abilities. In some cultures, physicians feel that they must project an image of modesty and may unwittingly undersell their talents as a result. The difference between being proud as opposed to being arrogant is how one projects oneself. If an indi-

vidual believes in his or herself, then he or she should develop the courage to be comfortable with confidence.

If we discuss our limitations, it is important that we add what we intend to do to improve, establish how we will do it, and make certain that we request assistance to ensure superior work. Most importantly, one should actively seek feedback if it is not readily offered. A few quality accomplishments are far better than a multitude of average ones.

Stay Healthy

Perhaps most important is that we remember to take care of our own health. In doing so, we should also spend quality time with our loved ones. Taking time to destress and let go once in a while is necessary, since a healthy attitude and adaptive mindset are key ingredients to good overall health and ultimately success.

clickable



Candidates and Employers Connect through the APA Job Bank

Candidates

- Search the most comprehensive online listing of psychiatric positions at www.psych.org/jobbank.
- Register to post your resume, receive instant job alerts, use the career tools and more.
- Visit the APA Job Bank today and find the ideal position.



The Pole Vault: Raising the Bar

David I. Driver, M.D.

Department of Psychiatry, Georgetown University

"A leader leads by example." —Sun Tzu

My brother encouraged me to seize any and every developmental opportunity I was afforded. Over the years, his advice lifted me above the streets of Los Angeles, supported me in an 11-year decorated military career, propelled me through undergraduate and medical school, catapulted me into leadership positions in fraternal and professional organizations, and has sustained me during my residency. Embracing my brother's life philosophy has served me well throughout my adult life. However, lately I feel as if I am at a crossroad and a victim of being torn between satisfying my personal life goals versus exceeding expectations in my professional work, setting a new standard. The two often seem diametrically opposed, and I sometimes ask myself, "Should I do the minimum that is expected of me in my professional work so that I can focus on myself?"

I entered residency determined to seize every opportunity I was afforded. Inundated with both new opportunities and new responsibilities, I have done my best to juggle my diverse roles as a resident, taking advantage of the numerous professional opportunities presented and continuing to expand my clinical knowledge. While I have sometimes been able to keep all of the balls in the air, I have also sometimes dropped a few.

My greatest temptation has been to yield to my desire to "clear the bar." It would be easy if I were simply a resident who comes to work, does his job, and goes home. It would be easy to go through residency without contributing anything to my program beyond my presence—to let my medical students leave early so that I can get my work done and not spend the extra time it takes to teach them. It would be easy to not apply for any professional fellowships, to not sit on any committees, to not do any research, and to not pull extra calls to help out a fellow resident. To just "clear the bar" would be easy.

But what kind of resident would I be? More importantly, what type of leader

would I be? Yes, I said leader. In a survey of individual attitudes toward professionals in 22 occupations and professions, the Harris Poll (#61, August 8, 2006) noted that doctors and teachers were the most trusted. As physicians, we are in the privileged position to be leaders, both in our chosen profession and in our communities. Most people with professional degrees receive formal leadership training. In addition, leaders are traditionally born from years of hard work from the bottom up. Unfortunately, we as physicians, in a word, are not. Instead, our leadership skills are developed by watching and being challenged by our seniors, peers, and subordinates. This emphasizes the importance of our taking great care to conduct ourselves with the utmost integrity, since our actions not only affect us but impact the reputation of our profession and the future of those who follow us. We must take great strides to not simply clear the bar but to raise it.

Leadership isn't easy; it takes a considerable amount of time and effort. Personally, there are times when I would much rather spend the 1 spare hour I have in a day playing NFL Madden 2009, but I've been offered and accepted the privilege and responsibility to both care for people and train others to do the same. When I was in the military, seven values of a leader (LDRSHIP) were drilled into my skull. Admittedly, I blindly bought into them at the time. However, I'm now able to reflect and believe that these values are adaptable to any profession. As a resident, I've tailored these values to my work and found guidance in my darkest hour—for example, at 1:00 p.m. on a postcall day when I'm tempted to sign out "follow up CT" to an individual who wouldn't mind.

The following seven values are simple, ubiquitously applicable, and, most importantly, easy to recall, and adhering to them has helped me to realize success thus far:

Loyalty: Bear true faith and allegiance to the Hippocratic Oath, the profession, my program, and other physicians;

Duty: Fulfill my obligations;

Respect: Treat people as I would want to be treated, regardless of their status/position;

Selfless Service: Put the welfare of my patients, my profession, and my peers and subordinates before my own;

Honor and Integrity: Do what's right, ethically, morally and legally; and

Personal Courage: Face fear, danger, or adversity (physical and/or moral).

Leadership and career are intimately intertwined. When I need a letter of recommendation to be considered for a position, appointment, or fellowship, it is my performance and my willingness to go the extra mile that will be noted. The name of my organization carries the weight it does because of the clinicians that have worked hard and gone that extra mile, accepted nothing less than perfection when it comes to patient care, chaired committees, published research, trained students, etc. We are charged with ensuring that those who follow us are afforded the same benefit.

So I sacrifice. I give up Madden and take that extra hour to train students. When I'm on postcall and it's 1:00 p.m., I don't sign out study results. I go down to radiology and get them. I take the extra 5 minutes to explain my reasoning to nursing when they are unclear, and I spend a couple of hours during my day off writing an article or two.

As physicians, it is our responsibility to raise the bar. Complacency is deadly. We must look out for each other, pull that extra call when our friend wants to go to a concert, leave our rotations and programs better than we found them, volunteer for hospital and community committees, do research, and take the extra time out of our day to ensure that our students and colleagues are adequately trained. We must seize every opportunity. Even at 1:00 p.m. on a postcall day, we must raise the bar.

New APA Practice Guideline on Panic Disorder

M. Justin Coffey, M.D.

American Psychiatric Leadership (APL) Fellow,
APA Steering Committee on Practice Guidelines

The February issue of *The American Journal of Psychiatry* will include the second edition of the APA's Practice Guideline for the Treatment of Patients With Panic Disorder. First published in 1998, the guideline has been updated and consists of a review of more than 5,000 articles published since the previous edition, including many new randomized controlled trials.

The guideline addresses complete care for patients with panic disorder, including how to evaluate patients, how to select an initial treatment, how to evaluate whether treatment is successful, when to change treatment, and what treatments to consider for patients who do not respond to initial treatment. A strong evidence base supports many of the treatment options described, which include both medication and psychotherapy.

A "practice guideline" is a systematically developed set of current recommendations, strategies, or other information to assist healthcare decision making in specific clinical circumstances. APA practice guidelines provide evidence-based recommendations for the assessment and

treatment of psychiatric disorders in adults. Currently, 14 guidelines are available (Table 1), and several guideline revisions are expected to be published soon (Table 2). For the treatment and assessment of psychiatric disorders in children and adolescents, the American Academy of Child and Adolescent Psychiatry develops and produces practice parameters that are available in print and online (www.aacap.org).

Following the model developed by the American Medical Association, APA practice guidelines make optimal use of evidence from the scientific literature and of existing clinical consensus. Effective practice guidelines document clearly and concisely what is and is not known about the evaluation and treatment of patients. They not only recommend the best treatments but also discuss the range of treatments available to clinicians and their patients. This dedication to improving patient care is the most important goal of a guideline.

APA practice guidelines serve other important purposes as well. First, they can be very effective vehicles for educating psychiatrists. The use of practice guidelines can update and enhance a clinician's knowledge about a specific disorder and its treatment by referencing recent data that have been

weighed and considered in a systematic way. Second, they can help educate the public about the nature and existence of mental illness and the definitive treatments for it. Third, such guidelines identify topics for which there exists a dearth of scientific knowledge, and thus suggest research directions that might increase the body of knowledge. Fourth, they strengthen the credibility of the field of psychiatry by demonstrating that the quality of the evidence for treatments for psychiatric illness is evaluated as rigorously as it is in other medical specialties. Finally, they inform discussions about the utilization, delivery, and reimbursement of psychiatric services.

Resident psychiatrists will find the educational value of the practice guidelines to be tremendous. First, the Quick Reference Guides can be used efficiently and at the point of care to ensure that the real-time treatment of patients is evidenced-based. Quick Reference Guides are created for each guideline by abstracting the key information from the full version of the guideline, calling particular attention to the information most relevant to clinical decision making and the development of a treatment plan. They are an excellent resource for day-to-day work with patients in both inpatient and outpatient settings. Second, residents will find the information contained in the practice guidelines to be current, evidence-based, and presented in a more concise manner

continued on page 9

Table 1.
APA Practice Guidelines Currently Available

Psychiatric Evaluation of Adults, Second Edition
Delirium
Alzheimer's Disease and Other Dementias, Second Edition
HIV/AIDS
Substance Use Disorders, Second Edition
Schizophrenia, Second Edition
Major Depressive Disorder, Second Edition
Bipolar Disorder, Second Edition
Panic Disorder, Second Edition
Acute Stress Disorder and Posttraumatic Stress Disorder
Eating Disorders, Third Edition
Borderline Personality Disorder
Suicidal Behaviors
Obsessive-Compulsive Disorder

Table 2.
APA Practice Guidelines Coming Soon (expected publication date)

Major Depressive Disorder, Third Edition (December 2009)
Bipolar Disorder, Third Edition (December 2009)
HIV/AIDS, Second Edition (December 2009)
Aggressive Behaviors ([new] 2011)
Delirium, Second Edition (2011)

continued from page 8

compared with many textbooks and in a more thorough manner than most review articles. The guidelines highlight specific information that residents must master during their training. Since they carry the formal endorsement of the APA, the data contained within them can be used for exam preparation (e.g., Psychiatry Resident-in-Training and American Board of Psychiatry and Neurology examinations) and for didactic presentations that residents are often asked to deliver as part of their academic and professional development. In addition, an important component of residency training, as defined by the American Council for Graduate Medical Education's Psychiatry Review Committee, is learning how to incorporate new scientific evidence into clinical practice. APA practice guidelines represent a useful and reliable shortcut to that end.

APA practice guidelines derive their many uses and benefits from the rigorous and thoughtful methods by which they are developed. In 1993, the APA established the Steering Committee on Practice Guidelines, chaired by John S. McIntyre, M.D. The committee selects topics for guidelines based on key characteristics such as clinical relevance, public importance, availability of data, and the degree to which a guideline would be

helpful to the field. Once a topic is chosen, a workgroup is formed to draft the guideline. The processes of reviewing the data identified in the scientific literature and forging consensus on the interpretation and implications of the data are systematic and iterative. These guidelines are written in successive drafts, each being revised based on comments from a growing number of groups and individuals, such as the APA Assembly, district branches, and any APA member upon request. Ultimately, the committee submits the guideline to the APA Assembly and Board of Trustees for approval.

All practice guidelines are made available to clinicians, including psychiatry residents, in a number of ways. The essential treatment recommendations of each new guideline are published as a supplement to *The American Journal of Psychiatry*, which is free to all APA members. The complete text of all APA guidelines, including the supporting review of the evidence base for guideline recommendations, is published on PsychiatryOnline.com, which is free without subscription, and in print compendiums available via American Psychiatric Publishing.

Under the direction of APA's Steering Committee on Practice Guidelines, the new Practice Guideline for the Treatment of Patients With Panic Disorder

was developed by the Work Group on Panic Disorder: Murray B. Stein, M.D., M.P.H., Chair; Marcia K. Goin, M.D., Ph.D.; Mark H. Pollack, M.D.; Peter Roy-Byrne, M.D.; Jitender Sareen, M.D.; Naomi M. Simon, M.D., M.Sc.; and Laura Campbell-Sills, Ph.D., consultant. The development process began with a detailed review of the current scientific literature. Key studies were abstracted into evidence tables and discussed by the workgroup. Next, the workgroup disseminated iterative drafts for review by other experts, allied organizations, all APA components, and any APA member upon request. In total, 29 organizations and 77 individuals submitted approximately 600 comments, which were addressed by substantive revisions. This iterative process culminated in the guideline that will be included as a supplement to the February 2009 issue (Volume 166, Issue 2) of *The American Journal of Psychiatry* and is available now at <http://ajp.psychiatryonline.org/cgi/content/full/166/1/DC1>.

clickable

clickable

For more information about APA practice guidelines, including the development process, go to www.psych.org/guidelines. The guidelines are published online at **PsychiatryOnline – Home**.

Are you getting the full story?

In addition to this online edition of the Resident's Journal, there is an e-mail portion delivered each month. This month's e-mail highlights psychiatric illness and repeat incarceration and psychostimulant treatment and the developing cortex.

Committee of Residents and Fellows

The Committee of Residents and Fellows (CORF) is a permanent standing committee of APA. The Committee is composed of seven psychiatry residents, each representing one of the seven geographic areas into which APA divides the United States and Canada. Additionally, representatives from APA's three fellowship programs participate as active members. Each member is nominated by his/her residency training program and serves a 3-year term.

Since 1971, the Committee has represented resident opinions and issues within the Association and has established effective and meaningful liaisons with many components of APA, as well as with many other organizations that are involved in training and the profession.

Area 1

Teo-Carlo Straun, M.D.
University of Massachusetts
c.s08873@gmail.com

Area 5

Sarah Johnson, M.D.
University of Louisville
sbjohn01@gwise.louisville.edu

Mentor

Paul O'Leary, M.D.
University of Alabama
pjoleary@uab.edu

Area 2

Stacey Yearwood, M.D.
The Zucker Hillside Hospital
smylein05@yahoo.com

Area 6

Shirley Liu, M.D.
University of Massachusetts
shirley.liu@umassmemorial.org

APA Minority Fellow

Icelini Garcia-Sosa, M.D.
SUNY Downstate Medical Center
icelini@hotmail.com

Area 3

Jessica Kettel, M.D., Ph.D.
University of Pittsburgh
ketteljc@upmc.edu

Area 7

Rachel Davis, M.D.
University of Colorado
rachel.davis@UCHSC.edu

APA/Bristol-Myers Squibb Fellow

Sharon Kohnen, M.D.
University of Pittsburgh
kohnens@upmc.edu

Area 4, Chair

Molly McVoy, M.D.
University Hospitals-Case Medical
Center
molly.mcvoy@uhhospitals.org

Liaison from ACOM

Joshua Sonkiss, M.D.
University of Utah
joshua.sonkiss@hsc.utah.edu