

## Challenges and Opportunities in Teaching Psychopharmacology During Residency Training

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The rationale for a "model" psychopharmacology curriculum is clear: (1) the knowledge and skills of many recent graduates of psychiatric training programs regarding clinical psychopharmacology leave room for improvement; (2) the amount of new information to learn is rapidly expanding; and (3) available resources to teach this material are dwindling, as clinical and other academic demands deflect faculty from their teaching roles. Hence, a model curriculum, including actual teaching guidelines and materials developed by experts, that could be used in multiple educational sites around the country would seem to be a natural evolution for the field.<sup>1</sup>

A "Model Curriculum" was developed in the 1980s<sup>2</sup> and updated and revised several times in the 1990s<sup>3</sup> and early 2000s.<sup>4,5</sup> The major goal of the curriculum has been to improve clinical psychopharmacology competency among psychiatric residents. Finally, after years of relative neglect and/or underutilization in most residency training programs, the curriculum now has a chance to fulfill the aspirations of its initial authors. This month's ASCP Corner reviews the development and evolution of the "Model Curriculum" (now more descriptively termed a "Portable Curriculum") and summarizes new opportunities that promise to help transform the curriculum into a vital, integral part of residency training.

In the early 1980s, a small group of clinical scholars representing the American College of Neuropsychopharmacology (ACNP) prepared a "Model Curriculum,"<sup>2</sup> which was distributed at no cost to ACNP members and to departmental chairs nationally. Although reasonably well received by the few programs that actually used it, the curriculum never received the attention its developers had naively intended. In most psychiatric training programs, it gathered dust and was soon forgotten.<sup>6</sup>

In the mid 1990s, the curriculum was revised by a committee of the American Society of Clinical Psychopharmacology (ASCP).<sup>3</sup> The revision included teaching objectives, pearls of wisdom, a recommended progression of topics and lectures from postgraduate years 1 through 4, and evaluation aids. It also included hard copy slides, references, and opportunities for consultations with ASCP "experts." The curriculum was published in 1997 and purchased by approximately 50 residency-training programs in the United States. Unfortunately, only about half of the 50 programs that purchased the curriculum actually used it and felt satisfied with its con-

tent. On the basis of evaluations received from these programs,<sup>7</sup> a second edition, which included PowerPoint presentations on a CD-ROM, was published in 2001.<sup>4</sup> Despite the improvements and generally positive reviews from training directors and chairs,<sup>8-12</sup> the curriculum remained unused or underused.

On the basis of those reviews and both formal and informal surveys of consumers, a third edition was published in 2004.<sup>5</sup> This latest revision includes all the features of its predecessors, plus pretest and posttest questions for most lectures, evidence-based algorithms, over 50 hard copy lectures, over 2500 PowerPoint slides, and extensive modules on both child and geriatric psychopharmacology. Since its publication, the curriculum has been purchased by over 100 programs, and informal "word-of-mouth" suggests greater use than ever. Yet, considerable room for improvement and several challenges remain.

One of the key problems with the curriculum has been that training directors and teachers in various programs who are asked to use a curriculum they have had no role in developing (never a formula for success) balk at fully embracing its contents. Second, even program directors who want to use the curriculum don't always know how to best utilize the curriculum's many facets; currently, the curriculum lacks sufficient pedagogy to aid training directors in effectively teaching the seemingly overwhelming amount of information. A third impediment to its use has been its cost, with many programs saying they simply can't afford to pay several hundred dollars for a psychopharmacology curriculum. Finally, while the curriculum makes a stab at evaluation, it does not yet measure actual competency in clinical situations.

Each of these obstacles is being addressed by new alliances that make the future of the curriculum more promising than ever. First, the American Association of Directors of Psychiatric Residency Training (AADPRT) has identified the teaching and learning of psychopharmacology as high priorities for the next several years. At the 2005 annual meeting of AADPRT, a daylong premeeting on teaching psychopharmacology, which featured the "Portable Curriculum," was well attended and well received.

Following the premeeting, AADPRT's Executive Committee officially signed AADPRT on as a "partner" with ASCP, agreeing to jointly work on the curriculum's next iteration. In that partnership, AADPRT agreed to concentrate on enhancing the neuroscience base of the curriculum, improving pedagogy,

developing competency standards and assessments, and distributing the final product to all training programs. At the same time, *The Journal of Clinical Psychiatry*, now the official journal of the ASCP, is preparing to bring its many resources to the new partnership, including providing Web-based technologies, editorial assistance, and expertise in dissemination.

Each of the organizations is enthusiastic about working together to produce a user-friendly, state-of-the-art, portable psychopharmacology curriculum that will help produce the next generations of more-than-competent psychiatric healers. The potential to meet the ACNP's initial hopes for the curriculum has never been greater.

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