

## Teaching and Practicing Psychopharmacology

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A core mission of the American Society of Clinical Psychopharmacology (ASCP) is facilitating advances in research, teaching, and the clinical practice of psychopharmacology. There are critical interactions between these 3 domains, and we cannot have excellence in any one in absence of the other 2.

What kind of training is necessary to ensure high-quality practice? Are there quality measures that can be applied to the practice of clinical psychopharmacology on a broad scale? What can a society like ASCP do to help in these areas? How do patients, families, advocacy groups, and payers determine whether or not high-quality psychopharmacology is being practiced?

### Training

Psychopharmacology is a key element in psychiatric training. It is not possible for every training program to have broad expertise in psychopharmacology. Therefore, ASCP has developed a curriculum (including PowerPoint slides) for the teaching of this discipline. This curriculum has been developed by experts in the field under the leadership of Dr. Ira Glick and is continually updated. This can provide a valuable tool in the didactic component necessary for good training. The curriculum is available for purchase by any U.S. or Canadian residency training program and by international residency training programs through special arrangement.

In addition to didactic lectures, trainees require individual and group supervision on the patients whom they are treating where teaching and guidance can be provided in the context of real patients and ongoing care. Enough supervisory time should be provided that all cases are reviewed on a periodic basis.

In day-to-day decision making, clinicians will ultimately be influenced to varying degrees by many factors beyond training. They will develop their own personal experience and be influenced by current colleagues and "institutional" traditions or constraints. They will be subject to pharmaceutical manufacturer detailing and marketing, as well as to attending or participating in continuing medical education programs of various types. They will read journal articles, abstracts, or secondary summaries of clinical and research reports, which might range from case re-

ports and series to clinical trials and review articles or meta-analyses. In addition, they will have access to published guidelines, algorithms, or expert consensus reports. Other factors that can influence choice and use of pharmacologic agents are approved indications for specific medications, cost, access, patient preference, and the perceived hassle factor in using specific medications or formulations.

A key element in training has to be preparing the clinician to recognize and critically evaluate these diverse influences and make appropriate decisions in this context.

It is also important to recognize that despite the daunting array of "information," there are many situations where decisions are unclear and difficult because there is an insufficient evidence base to inform the process. (I am often asked by trainees how one can identify good research questions. I usually suggest that they go through their daily responsibilities and identify every occasion during which they felt anxious or very uncertain as to what to do, and there would be a research question.)

### Objective Assessment Measures

One of the most difficult aspects of current training is the lack of objective measures of treatment response. Most clinicians use some degree of global judgment, which is often neither systematic nor well documented. Unfortunately, psychiatry does not have the advantage of laboratory tests or physiologic measures to quantify treatment response. Our assessments are primarily based on observation of patient behavior and our subjective evaluation of the patient's report of their own subjective experience. In the November 2006 ASCP Corner, we discussed definitions of response, remission, stability, and relapse in schizophrenia in the context of emphasizing the importance of measurement-based psychiatry. We now need to develop and apply appropriate assessment instruments for quantitative measurement in routine clinical practice. (This is an area to which ASCP will be devoting particular attention.)

Assessment measures are valuable in quantifying levels of psychopathology for documentation and monitoring of response, as well as for ensuring that information is collected in a systematic way that can help to avoid overlooking important symptoms that might not be obvious

or spontaneously reported. In addition, assessments can be used as quality indicators, documentation of case mix, and the basis for discussion with patients, families, and colleagues with regard to treatment targets and goals. To take full advantage of this opportunity, training on the use of structured diagnostic instruments and rating scales for psychopathology should become part of clinical training. The use of self-administered questionnaires can also be very helpful in engaging the patient in monitoring his or her own symptoms, as well as in providing important information to the clinicians involved in treatment.

### Quality Indicators

One of the most frequent queries from advocacy groups and patient organizations is, "How do I know if the doctor treating me is a well-trained and high-quality practitioner of psychopharmacology?" This is not an easy question to answer. Certainly completing training and being board certified in psychiatry is an important indicator, but practitioners vary in their expertise in psychopharmacology. The ASCP has developed an examination for added qualifications in psychopharmacology. This is not associated with any national board. It is a challenging examination that, if passed, provides evidence of expertise in this area. The examination is given once a year prior to the annual meeting of the American Psychiatric Association. At the end of this column is a list of the individuals who passed the examination this year.

The ASCP has convened a workgroup of individuals representing governmental agencies, professional societies, insurance and managed care companies, quality oversight groups, clinicians, and researchers to begin discussions as to how best to measure quality in psychopharmacologic treatment. As quality indicators and "pay for performance" become more and more everyday concerns in health care, it is important that clinical psychiatry and psychopharmacology address these issues in a thoughtful and proactive fashion.

### NCDEU

The NCDEU meeting has been held by the National Institute of Mental Health (NIMH) for 46 years. "New Clinical Drug Evaluation Unit" is what the acronym originally stood for but is no longer meaningful. The group was an outgrowth of an

early network of research units involved in psychopharmacology research. The meeting is now jointly sponsored by NIMH and ASCP and draws well over 1000 attendees each year including representatives of NIMH and the U.S. Food and Drug Administration, researchers in academia and the pharmaceutical industry, and many others engaged in different aspects of clinical psychopharmacology and treatment re-

search as well as practicing clinicians. It is a very rich opportunity to learn about the latest findings in treatment research (not just psychopharmacology), clinical trial design, statistical issues, research training, and many other topics. It is the goal of the NCDEU meeting to also enhance research training and clinical practice in psychopharmacology. More information can be obtained at [www.ascpp.org](http://www.ascpp.org).

This is a brief summary of some of the issues and challenges in teaching and practice in the field of psychopharmacology. We welcome your comments.

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