

## Teaching the Teacher: A Report From the Third Annual American Society of Clinical Psychopharmacology Teaching Session

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**A** core aim of the American Society of Clinical Psychopharmacology (ASCP) is improving the clinical practice of psychopharmacology. One way to do this is to improve the teaching of psychopharmacology for all those involved in the field.

At the Annual Meeting of the New Clinical Drug Evaluation Unit for the last 3 years, the members of the ASCP curriculum committee have initiated an educational session devoted to enhancing the teaching of clinical psychopharmacology. The primary goal of the session is to improve the level of clinical psychopharmacology practice by using a mediating goal, ie, helping members enhance their teaching skills and pedagogy. The target audience consists of not only junior faculty but also experienced teachers, many of whom are expert researchers. Both groups teach not only psychiatric residents and medical students but also, more recently, family physicians and industry personnel. Since so many of the ASCP members already are good teachers, we strive for highly interactive teaching methods to allow us to teach and learn from each other. Our hope is to reach out to all those involved with curriculum design, lecturing, clinical rounds, case conferences, journal clubs, myriad other teaching venues, and evaluation. We include not only teachers (mostly academic and volunteer faculty) but also training directors and departmental chairs.

The following is a summary of the 2012 Session:

The session's theme was *Improving the Teaching-Learning Process in Psychopharmacology: A Demonstration of New Teaching Formats From the ASCP Psychopharmacology Curriculum*.<sup>1</sup> It included 3 presentations. The first presentation (by I.D.G.) described the development, content, and suggestions for use of the new seventh edition (2012) of the *ASCP Model Psychopharmacology Curriculum for Training Directors and Teachers of Psychopharmacology in Psychiatric Residency Programs*.<sup>1</sup> This teaching aid is now entirely online. The objective of the *Curriculum* remains the same as in each previous edition—to provide everything a teacher would need to know in order to run a comprehensive psychopharmacology training program. We now have collected and updated 88 lectures from experts in their field containing

more than 4,500 slides. We also have an updated revised section on how to use the curriculum, hints about teaching pedagogy, and materials, including detailed reading lists and relevant Web sites, to help manage a comprehensive training program. Plus, we have a detailed section on evaluation. The lectures are divided into (1) a Crash Course, (2) a Basic Course, and (3) an Advanced Course as well as more than 50 supplemental, optional lectures to be used, depending on the target audience or course objective (Table 1).

There are 2 new presentations on neuroscience, a detailed substance abuse series, and revised sections on child and geriatric psychopharmacology. Different formats for teaching are discussed in detail. These include but are not limited to (1) lectures, (2) case presentations, (3) clinical teaching rounds, and (4) journal clubs. The newest development is a discussion of the role of on-line learning. Will a student explore Internet resources before or only after a lecture (or not at all)? The issue is how best to use class time and how to reach out to students who have different learning styles. In addition, special multimodal programs on teaching the psychopharmacology of (1) schizophrenia (developed by a partnership of ASCP and the American Association of Directors of Psychiatry Residency Training [AADPRT]) and (2) depression (developed by an ASCP Committee of senior members, residents, and fellows) that include PowerPoint presentations, cases, problem-based learning modules, videos, and interactive games are also included. The curriculum can be ordered online by visiting the ASCP Curriculum Web site, <https://psychopharmacurriculum.com/>. As we are a nonprofit organization, there is no increase in cost from previous editions.

The second presentation (by S.Z.) demonstrated the use of psychiatric games to make learning fun, involve the residents in active learning, and stimulate them for further, independent study. Participants joined in a game of "Psychiatric Jeopardy," which can be used in either small or large groups. A sample "Psychiatric Jeopardy Board" (with questions, answers, and even "thinking music" is available electronically for Psychiatry Residency Training Directors and other AADPRT members by visiting [http://www.aadprt.org/pages.aspx?PageName=ASCP\\_Depression\\_Teaching\\_Module](http://www.aadprt.org/pages.aspx?PageName=ASCP_Depression_Teaching_Module).

A game of "Psychiatric Jeopardy" can be used to reinforce key concepts after a learning module has been completed or even as a stand-alone presentation in place of a traditional lecture. The game board is set up to include 5 questions in each of 5 categories (with an optional additional "Final Psychiatric Jeopardy" question). For an introductory or

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**Table 1. Lectures From Crash, Basic, and Advanced Psychopharmacology Course for Psychiatric Residents<sup>a</sup>**

Crash Course Lectures	Basic Course Lectures	Advanced Course Lectures
Antipsychotics	Psychopharmacology in the emergency room	Combining pharmacotherapy and psychotherapy
Medicine for bipolar disorder	Pharmacokinetics of psychotropic drugs	Mood disorders in women of child-bearing age
Antidepressants	Schizophrenia and antipsychotic medications	Atypical depression
Antianxiety agents	Bipolar disorders	Panic disorder
Drug-drug interactions 101	Bipolar depression	Generalized anxiety disorder
Therapeutic alliance and adherence	Antidepressant pharmacotherapy	Social anxiety disorder/social phobia
Art of psychopharmacology	Treatment-resistant depression	Posttraumatic stress disorder
	Electroconvulsive therapy	Obsessive-compulsive disorder
	Substance abuse	Personality disorders
	Sleep disorders	Eating disorders
	Psychopharmacology of violence	Body dysmorphic disorder
	Traumatic brain injury	Psychopharmacology and the HIV-positive patient
		Psychopharmacology of sexual dysfunction
		Sexual dysfunction associated with psychiatric disorders and psychiatric drugs

<sup>a</sup>From the ASCP Model Psychopharmacology Curriculum for Training Directors and Teachers of Psychopharmacology in Psychiatric Residency Programs, Seventh Edition.<sup>1</sup>

Abbreviations: ASCP = American Society of Clinical Psychopharmacology, HIV = human immunodeficiency virus.

postgraduate year 1 crash course on antidepressant medications, for example, the 25 questions can be prepared to replace what might have otherwise been 25 or more slides. One way to make sure that all the information is covered would be to circulate the traditional PowerPoint presentation several days before the session and ask the residents to review them on their own and be prepared to discuss. The online (or, if necessary, hard copy or e-mail attachment) presentation could be supplemented by an article and/or a relevant chapter (for example, the 2010 APA *Practice Guideline for the Treatment of Patients With Major Depressive Disorder*<sup>2</sup> and/or a chapter from a psychopharmacology manual). The session can begin with a pretest, given either individually or to teams, with time for discussion of any question not answered correctly. The presenter favors doing these sessions as teams, usually comprising 2 to 4 residents, which not only makes the session more fun but also stimulates learning and motivates residents to prepare ahead of time so as not to let down their teammates. It may be advantageous to choose teams that create natural and friendly competition, like men versus women or those from the South versus the North. After the pretest, it might be useful to spend a few minutes responding to questions any residents had from the presentations or readings. Next, it is time for the game to begin.

The presenter has many options for selecting questions and facilitating discussion. For the introductory session on antidepressants, the presenter might arrange the game board around the following 5 categories: (1) Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOIs), (2) Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs), (3) Other Antidepressants (eg, bupropion, mirtazapine, vilazodone, and trazodone), (4) Initial Selection, and (5) Duration and Phases of Treatment. A simple question can be a jumping-off point for more complex discussion. For example, the first category might contain: **Answer**—*The most serotonergic TCA*; **Question**—*What is clomipramine*? Most likely, someone will get this relatively easy question right, but

the presenter could then lead a more general discussion on, for example, how TCAs were discovered by serendipity, the fact that TCAs were the original “dual reuptake” inhibitors, and the fact that most of the TCAs are more potent norenergic than serotonergic agents (hence their widespread use for analgesia even before the SNRIs became popular). Similarly, the second category might contain: **Answer**—*This SSRI should be prescribed extra cautiously in patients taking cimetidine (Tagamet)*; **Question**—*What is citalopram*? This question could bridge into a discussion of drug interactions, the importance of the cytochrome P450 system, differences between SSRIs, and monitoring for safety. The “Final Psychiatric Jeopardy” question can review or cover any issue that the presenter would like the residents to think more about or that summarizes the session, such as *Five strategies to increase medication adherence*; *Five non-pharmacologic, evidence-based treatments for major depression*; or *Five features of pharmacologic management described in the American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients With Major Depressive Disorder*. At the end of the game, one might consider a reward for the winning team (eg, points that are redeemable for an educational stipend at the end of the year, an hour of clinical coverage from someone on the losing team, coffee with the faculty member of the team’s choice, or an educational application for team members’ mobile devices).

The “Psychiatric Jeopardy” road map described above is just one of several ways teaching—and learning—clinical psychopharmacology can be made fun. It utilizes a team-based learning approach and motivates the residents to prepare for each session and actively participate in their own learning. It also forces the instructors to pick out the most important points they want students to learn. Preparing such a game requires more thought and time, especially the first time around, than simply repeating the tried and true method of a PowerPoint presentation, but the results can be well worth the additional effort. Students are engaged, enthusiastic, participatory, and motivated to continue

learning. They even show up for class! In our experience, once teachers use a teaching aid such the one described here, they rarely go back to pure lecturing, even in large group sessions. We don't advocate games as an exclusive teaching strategy but rather as one facet of a multimodal pedagogical approach to effective psychopharmacology education and training.

The third presentation (by M.H.R.) focused on another important aspect of ASCP educational initiatives, which is to update clinician-researcher-psychiatrists about lifelong learning opportunities, including those in psychopharmacology. The ASCP needs to integrate lifelong learning and fulfilling maintenance of certification (MOC) and maintenance of licensing (MOL) activities into its approach to Continuing Medical Education. Advances in how to meet these needs were presented using the APA's "FOCUS Program of Lifelong Learning" as a model. The "Focus Program of Lifelong Learning" has evolved into a multimodal approach for facilitating lifelong learning for psychiatrists in practice. Aspects of this approach include the electronic and paper journal *Focus: The Journal of Lifelong Learning in Psychiatry*, which integrates learning about advances in psychopharmacology into a variety of components of the journal. *Focus* includes not only original articles about evidence-based psychopharmacologic interventions for specific topic areas outlined by the American Board of Psychiatry and Neurology but also patient management problems that allow the reader to apply this knowledge to an actual case. Within the 4-year *Focus* topic cycle, one issue is devoted specifically to advances in psychopharmacology. Several other components of the "Focus Program of Lifelong Learning" facilitate up-to-date education in psychopharmacology. Under the leadership of David Fogelson, MD, and Carlyle C. Chan, MD, *Clinical eFocus* is sent to over 38,000 practitioners. Each *Clinical eFocus* has a case vignette with 4 patient management questions and links to the most recent APA Practice Guidelines. This process allows clinicians to compare their clinical reasoning—including pharmacologic management—with that of their peers nationally and to receive a tutorial about management of the case from an expert who writes a commentary about the case. Another innovation that facilitates lifelong learning about psychopharmacology is the "Focus Live" sessions at the annual meeting of the APA. These interactive sessions employ an audience-response system to facilitate learning

through a combination of challenging test questions interspersed with mini-lectures. A significant portion of most "Focus Live" sessions involves psychopharmacology questions. The "Focus Program of Lifelong Learning" can serve as a model for others who want to develop tools to facilitate lifelong learning in psychiatry.

In short, this report summarizes the highlights of the Third Annual American Society of Clinical Psychopharmacology Teaching Session. More importantly, after the formal presentations there is in-depth discussion among the attendees and a chance to share other teaching materials, methods, strategies, and problems of teaching psychopharmacology—all in the context of a dynamic and evolving field.

We look forward to seeing you at the next session in 2013.

**Drug names:** bupropion (Wellbutrin, Aplenzin, and others), cimetidine (Tagamet and others), citalopram (Celexa and others), clomipramine (Anafranil and others), mirtazapine (Remeron and others), vilazodone (Viibryd).

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