ASCP
AMERICAN SOCIETY OF
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Eighth Edition

MODEL PSYCHOPHARMACOLOGY CURRICULUM

For Training Directors and Teachers of Psychopharmacology in Psychiatric Residency Programs

LECTURE MODULES: INSTRUCTIONS

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VOLUME II: LECTURE MODULES

INSTRUCTIONS FOR USE OF LECTURE MODULES

In the body of this curriculum, we have presented our ideas about which subjects and disorders should be taught, what they should cover, and how they integrate with other teaching formats. In addition, many teachers have asked us to supply them with the actual lectures including Powerpoint slides, detailed lecture outlines and pre-post questions. To meet this need, we have contacted psychopharmacology experts on particular topics. The response was extraordinary with 94 lectures and more than 4,650 slides. In 2014, this is the largest, most up to date, complete collection of slides on the topic of psychopharmacology ever assembled. For this edition, we have reviewed and/or updated all of the old lectures and added new lectures for all courses, especially the child/adolescent series. Most of the appendices have been fully updated.

These slides/lectures allow for rapid review of a large amount of detailed information. If one "knows the territory," it is quite easy to glance through the material, and thus this type of presentation could suggest possible topics to be included in a lecture. The slide sets were developed for lecturers to pick and choose what they would like to include in their own talks. Many of them were deliberately overly inclusive to allow for many options for the lecturers. In most lectures (those going over 40-50 slides), the key slides are marked by asterisks, for those whose time is limited and may devote only a short hour to certain topics. The neurobiology of the disorders is modestly represented with three lectures on neuroscience. However, more complex/advanced neurobiology is a project in itself, just as is differential diagnosis of these disorders. So this is left for psychiatric textbooks.

Many lectures have a lecture outline (coded to the numbered hard-copy of the slides) detailing a suggested way to organize the lecture. **We want to emphasize that the lecturer should select slides according to the needs of the audience with a goal of <u>decreasing</u> the total information to be transmitted.** (i.e., Focus on core goals and don't overwhelm the students with too much information.)

Organization of Lectures

There are six groups of lectures somewhat arbitrarily divided as follows: first a crash course for either the PG 1 or more commonly summer of the PG 2 year, then a "basic" course for PG 2's, followed by an "advanced" course for PG 3's focused on outpatient psychopharmacology. Then to round out the lecture series, we have added "supplementary, optional lectures", which training directors or course directors may want to include in any of the courses depending on local needs. These have been newly collected with the following objectives.

A few are aimed at a particular audience – like primary care physicians. Some – like the "ethics of psychopharmacology" – are useful to residents throughout the residency, but when to deliver a topic may vary from program-to-program. Some are supplementary to a particular topic, e.g.the clozapine lecture could be taught with schizophrenia or it could stand on its own. And some are useful for a particular setting, e.g. the emergency room or for primary care. Some could be used in two (or more) courses, for example ADHD can be taught both in the child and adolescent series, as well as in advanced psychopharmacology to adult Residents.

We should also emphasize that each adult program may want to have at least two lectures in the advanced course for child/adolescent psychopharmacology and two for geriatric psychopharmacology. They would have to be synthesized from the group we have provided, as they are not in the file for the basic or advanced course. We have included such a synthesis with child/adolescent psychopharmacology but not for geriatric psychopharmacology.

Questions

For this edition, we have developed "questions" for most lectures, which cover "key points." We have incorporated these questions into pre and post competency exams, which can be found in most lectures.

LECTURING USING ANOTHER TEACHER'S SLIDES

It should be noted that although it is ideal for an author of a lecture to deliver it, it can be done by another psychopharmacology teacher. In fact and most importantly, we have developed and field-tested the teaching strategy of having teacher "A's" lecture outline/hard copy delivered by lecturer "B." All of our lecturer B's reported that, "It can be done!" The key issue is for lecturer "B" to modify our teaching aids to their own style, cadence, focus and integration with other slides. That is, makes it their own.

CONSULTATION (HELP IN USING THIS CURRICULUM)

If there are specific questions about a particular lecture or outline, please contact Ira Glick, M.D., Stanford University School of Medicine, (650) 799-1583, Dr. Richard Balon, (313) 993-3416, or Dr. Sidney Zisook (858) 534-4040 or any other member of the committee. We will be happy to fill in gaps, answer questions, etc.

INSTRUCTIONS FOR USE OF AADPRT CD ON PEDAGOGY, EXAMPLES: "SCHIZOPHRENIA" AND "DEPRESSION"

We are delighted to offer you two unique, interactive teaching programs designed by educators, residents and fellows specifically focused on combining key concepts and state-of-the-art information with evidence-based guidelines and tools for ongoing learning beyond the classroom. The first, "**Teaching Psychopharmacology of Schizophrenia for Beginning Residents,**" grew out of a partnership between the American Association of Directors of Residency Training (AADPRT) and the American Society of Clinical Psychopharmacology (ASCP). The module integrates an enhanced PowerPoint presentation with a video presentation of an "expert" providing a standard lecture, group teaching exercises, web based teaching resources, several methods of measuring competences, pre and post test questions and pedagogical guidelines. The second module was developed by an ASCP sponsored resident and fellow psychopharmacology teaching committee. Twelve mini-modules make up the "**Depression Teaching Module"**. Each of the twelve mini-modules can be used as free-standing teaching sessions or collectively as one comprehensive curriculum. The core of each mini-module is a PowerPoint Presentation which addresses the clinical characteristics, diagnosis or psychopharmacologic treatment of depression. In addition, problem and group-based learning and alternative teaching exercises re-enforce didactic learning objectives and extend learning beyond the scope of the slide set. The learning exercises include: multiple choice question banks, Jeopardy®-style psychopharmacology quizzes, clinical vignettes with interactive learning exercises and "sham" clinical scenarios designed to assess the ACGME core competencies.

These portable curricula are intended to be utilized by Training Directors throughout the country to enhance psychopharmacology training. They were developed to meet the learning needs of PGY1 and 2s, but aspects may be relevant to more senior residents, medical students, non-psychiatry resident and other learning groups. Each program will use these modules differently

and supplement with additional learning resources. We encourage innovation and local experimentation. We also encourage training directors and/or the key psychopharmacology "expert educators" at each program to take the lead in helping other faculty and trainees use these materials (eg, Chief Residents for teaching medical students or to help them develop their own interactive, multi-modal teaching aids; or faculty involved in psychopharmacology teaching). We have learned that residents often feel teaching from week to week or year to year appears fragmentary and disconnected, and we hope these curricula help training directors provide a transparently coordinated curriculum that builds on itself. We plan to provide content and pedagogy experts for each module to serve as additional resources to program directors desiring additional consultation. We hope you find these modules useful. Welcome your feed-back and look forward to "next-steps" in further developing and disseminating these exciting new teaching resources.

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ASCP COMMITTEE ON RESIDENCY AND FELLOWSHIP DEPRESSION MODULE 2010 INSTRUCTION MANUAL

Project Overview

Portable curricula developed by the American College of Neuropsychopharmacology (ACNP) (Glick, Janowsky, Salzman, & Shader, 1984) and American Society of Clinical Psychopharmacology (ASCP) ("A Model Psychopharmacology Curriculum for Psychiatric Residency Training Programs, Training Directors, and Teachers of Psychopharmacology.," 2006) in partnership with the American Association of Directors of Psychiatric Residency Training (AADPRT) have begun to address some of the inadequacies in the pedagogy of psychopharmacology in residency training (Glick & Zisook, 2005; Zisook et al., 2009). The primary aim of the ASCP Committee on Residency and Fellowship was to develop novel, multi-modal psychopharmacology curricula in major depression and bipolar disorder to support psychopharmacology education in U.S. Adult Psychiatry Residency Training Programs. To include adult learner input, Psychiatry Residency/Fellowship Training Program Directors were asked to each nominate one resident or fellow from their program to serve over a period of 12 months. Fifteen resident/fellows were chosen to serve on the Committee.

The general Committee divided into Depression and Bipolar Module workgroups then met monthly by conference call to develop the curricula from September 2009 – March 2010. The Depression Module workgroup performed a review of published American Board of Psychiatry and Neurology (ABPN), American Psychiatric Association (APA), AADPRT and Accreditation Council for Graduate Medical Education (ACGME) core competencies and practice guidelines to delineate the scope of the psychopharmacology curriculum to be developed. Twelve mini-modules were chosen to make up the Depression teaching Module, each of which could be used as free-standing teaching sessions or collectively as one comprehensive curriculum. The core of each mini-module was a PowerPoint Presentation which addressed the clinical characteristics, diagnosis or psychopharmacologic treatment of depression; corresponding multi-modal learning activities stemmed from each mini-module. In addition to core neuropsychopharmacological and clinical psychopharmacological teachings, mini-modules on research findings from recent clinical trials and evidenced-based medicine in psychiatry were incorporated to strengthen critical scientific literature review skills. Problem and group-based learning and alternative teaching exercises were developed for each mini-module to re-enforce didactic learning objectives and extend learning beyond the scope of the slide set. These modalities included: multiple choice question banks, Jeopardy®-style psychopharmacology quizzes, clinical vignettes with interactive learning exercises and “sham” clinical scenarios designed to assess the ACGME core competencies.

This portable curriculum is intended to be utilized by PGY-I and II psychiatry residents and could be led by the Residency Program Chief Resident, Training Directors or faculty at your institution.

Components of the Depression Module

The components of the Depression Module are:

1. Instructions for use of the module
2. 12 core teaching mini-modules: (slide numbers refer to complete Depression Module slide set (329 slides) but each Mini-Module is also available for download individually)
   - MINI-MODULE 1: Historical and Epidemiological Highlights (slides 4-9)
   - MINI-MODULE 2: Pathophysiology of Major Depression (slides 10-51)
   - MINI-MODULE 3: Basic Phases of Antidepressant Treatment (slides 52-62)
   - MINI-MODULE 4: Basic Antidepressant Treatment Approaches (slides 63-72)
   - MINI-MODULE 5: Selecting an Antidepressant (slides 73-93)
   - MINI-MODULE 6: Classes of Antidepressants (slides 94-153)
   - MINI-MODULE 7: Treatment Resistant Depression (slides 154-165)
   - MINI-MODULE 8: Psychopharmacology in Special Populations (slides 166-219)
   - MINI-MODULE 9: Sequenced Treatment Alternatives to Relieve Depression (STAR*D) (slides 220-247)
   - MINI-MODULE 10: Suicide Risk and Assessment (slides 248-264)
   - MINI-MODULE 11: Physician Depression and Suicide (slides 265-291)
   - MINI-MODULE 12: Evidence-Based Medicine: Appraising the Evidence in Psychiatry (slides 292-329)

3. Each mini-module contains a variety of alternative learning materials including:
   a. Power Point slide set (329 slides total) with video enhancements
   b. Digital video excerpts
   c. Multiple-choice question and answer bank
   d. Jeopardy-style question and answer bank in a PowerPoint format for game use
   e. Multi-stem problem/group based learning questions/clinical scenarios
   f. ACGME-style case competency group exercises

Suggestions for Use of the Depression Module

There are multiple ways to approach teaching about depression to adult psychiatry residents. The module described here focuses on traditional lectures and Problem Based Learning (PBL). Materials to utilize each of these approaches are provided. We encourage you to be creative and to use the materials in a way that works best for the uniqueness of your program.

The teaching module is based on a core slide presentation which focuses on the diagnosis and treatment of depression. It is not meant to be totally inclusive but covers what PGY-I and II residents should know and is presented in a clinically focused way. In addition to the slides themselves, we also provide you with a variety of problem and group-based learning and alternative teaching exercises to re-enforce didactic learning objectives and extend learning

beyond the scope of the slide set. These alternative teaching exercises will be described below in the Module Toolbox.

You may choose to have one of your faculty deliver the slide presentation in a traditional lecture format, or you may want to use the slides in a more interactive or novel way, such as having the residents view the presentation on their own before the seminar which can then be used for interactive discussion. The presentation can also be used for self-study by the residents, although we hope that this will not be the sole method of instruction and that the self-study would be as preparation for discussion or other teaching activity. Some programs may want to have the residents study the slide presentation in preparation for PBL around selected topics, such as the PBL questions provided. We are offering various formats to maximize flexibility.

The following table reviews the Module contents and suggestions for its use.

TOOLBOX CONTENTS	**SUGGESTIONS FOR USE**
Video-enhanced Power Point slide set for a PGY-I or II lecture on clinical characteristics, diagnosis and treatment of depression.	These can be used in a traditional lecture format and/or provided to the residents for self-study. We encourage the presenter to edit the PowerPoint slides liberally, substituting their own slides or pearls and providing as many case examples and opportunities for interactions as time permits. The video can be used as inserted into the Power Point slide set, or used separately (see next).
Video excerpts from the American Foundation for Suicide Prevention: -*Struggling in Silence (Physician Depression and Suicide)* -*Struggling in Silence (Medical student depression and suicide)*	Can be used to facilitate discussion and or serve as stimulus for problem-based learning modules in MINI-MODULE 10 "Suicide Risk and Assessment." Video excerpts total approximately 10 minutes in duration.
Multiple-choice question (MCQ) and answer bank	These may be flexibly used as pre- or post-didactic questions. The question banks correspond to each Mini-Module topic/number. Additionally, if programs would like to use the Master MCQ Question Bank in its entirety, a separate Word file of questions/answers for the entire curriculum may be used for testing knowledge at the end of the Depression Module.
Jeopardy-style question and answer bank in	These questions/answers test information

a PowerPoint format for game use	that was presented in the didactic Depression Module master slide set. It can be used at the end of the curriculum to assess knowledge across the Mini-Modules.
Multi-stem problem/group based learning questions/clinical scenarios	The multi-stem PBL banks correspond to each Mini-Module topic/number. Additionally, if programs would like to use the Master Multi-stem question bank in its entirety, a separate Word file of Multi-stem questions/scenarios for the entire curriculum may be used for testing knowledge at the end of the Depression Module or separately to augment their own curriculum. Residents should be encouraged to go to the literature (especially evidence-based literature) before and after the session, independently and/or in groups, to explore the "answers" to the important questions posed in the exercise. Mini-Module 12 Evidence-Based Medicine: Appraising the Evidence in Psychiatry may be used as a resource or stand-alone didactic to further skills in critical literature review. The multi-stem PBL banks additionally serve as models to help the faculty develop their own PBL exercise appropriate to their goals, resources, and style.
ACGME-style case competency group exercises	The ACGME-style case competency group exercise banks correspond to each Mini-Module topic/number. Additionally, if programs would like to use the Master Case Competencies question bank in its entirety, a separate Word file of cases for the entire curriculum may be used for testing knowledge at the end of the Depression Module or separately to augment their own curriculum. Some programs have found that a team approach to teaching may be helpful. Having two faculty lead these sessions will help facilitate the PBL process and at the same time, allow assessment of individual resident competencies in real time. The Case Competency banks also serve as

	models to help the faculty develop their own PBL exercise appropriate to their goals, resources, and style.

Programs will undoubtedly have different allotments of time to dedicate towards depression psychopharmacology training. For those programs with limited teaching hours, the core slide set with video, comprised of 329 slides, will take approximately 5.5 hours (if given 1 minute/slide). For programs with additional teaching time, further layers of teaching (MCQ, Jeopardy, Multi-stem, and Case Competency) for advanced learning opportunities may be added.

Alternatively, for programs that would like to augment their current Depression psychopharmacology curriculum, individual Mini-Modules may be used separately with their corresponding PBL exercises. When used in this manner, the amount of additional teaching time will vary, based on the length of the Mini-Module and number of PBL exercises utilized.

Programs may also view the entire Depression Module slide set and make selections from the master slide set to create their own program-specific depression curriculum. PBL exercises that relate to the core didactic material chosen may then be selected to further learning.

Thus, each program has the ability to determine the number of slides/hours they use from the Depression Module.

We hope that this ASCP psychiatry resident/fellow designed curriculum will enhance the depression psychopharmacology curriculum currently in your program in a way that is convenient for use and facilitates the education of your psychiatry residents who may benefit from a curriculum that is presented with a multi-modal approach.

We hope that this will not be the sole method of instruction and that the self-study would be as preparation for discussion or other teaching activity. Some programs may want to have the residents study the slide presentation in preparation for PBL around selected topics, such as the PBL questions provided. We are offering various formats to maximize flexibility.

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